

The New York Medical Times

VOL. XVII.

NEW YORK, MARCH, 1890.

No. 12.

ORIGINAL ARTICLES.

THE BIOLOGY OF THOUGHT, WITH SPECIAL REFERENCE TO THE ALIENATION OF THE MIND.

BY C. A. F. LINDORME, PH. D., M. D.,
FORT REED, FLORIDA.

VII. THE CHARACTER.

THERE is hardly a word in psychology which comes so handy as the word character. And yet many a philosopher, being pushed for an answer, would feel little at ease on an inquiry after a metaphysical analysis. Physiological experiment, at such an issue, is out of place. Frogs have not much of a character. And if pigeons and rabbits show prominent traits of their intimate life which may be called so, vivisection can not bring them out.

There is no philosophizing, indeed, about neither the sane nor the insane mind, without touching the course of thought awakened in it by the expressive Greek word, character, appropriated by all languages of modern civilization, and popularized in the same for the sake of its pregnancy. Even if there stood another symbol for the thought conveyed, the latter would prevail, for character means a distinctive mark,* and this is precisely the point at issue in psychology.

It is very characteristic of the said analysis, as a metaphysical problem, that a work on psychological medicine, which is elaborate like the manual by Bucknill and Tuke, neither in its index nor its register, has occasion for the word character. The learned and experienced alienists, in the text of their book, warn, however, in observing exaggerations of character† to not at once diagnose insanity. Thus, according to them, it is alterations of character in which insanity is exhibited. And consequently materially, in psychological medicine, they make the character a point at issue, implicitly indicating thereby the importance of its formal metaphysical analysis, and without knowing what is character at all, we can not tell in what consists its exaggerations, indeed.‡

There is a qualification of the expression, character. Frequently it has wrapt up in it the special meaning of strength or intensity. Public opinion

is so much attracted by the manifestation of strength, that there is a tendency to attribute character to the cases only of its more prominent exhibition. This restriction is more of a colloquial kind, but prevails often in learned essays, upsetting in them the argument, and forfeiting the results of the scientific research. Psychology may, however, approvingly take notice of the said tendency in colloquial language, for it hints, as it were, at the methodical starting point. Mentality being exhibited at all in a relation of faculties, it is a matter of course that such is the case too with the character. Observing, therefore, with regard to it, the same method which we followed in our preceding investigations, viz., to never, in metaphysical intent, lose sight of the homologous physical evidence, it is again the anatomical division of the vertebrates by Huxley, in keeping with which we have to develop our topic, in demonstrating the character, comprehending it as proceeding from two roots, a positive or active one, bodily represented by the ventral cavity, and a negative or passive one, bodily represented by the dorsal cavity. With the help of this method, it will be possible to solve all questions about the character, in whatever modifications of animal life it may appear. Without it we are left, in view of the simplest problems. Learned psychological scholarship is conversant with a notion, for instance, dating from antiquity, which time and again proved a stumbling block to systematizing metaphysics, but which, by our method, is readily reduced to its proper classification. This notion is the original or inborn character, as distinguished from the acquired one. However individually powerful be the constitution of the positive or active part of man, as conditioned by the ventral cavity or the abdominal and thoracic organs of the body; as an agency of the character it is modified by the degree in which it is set off by the negative or passive part of man, that means to say by the degree in which it is provided with intellectual faculties. Consequently, any influence exerted upon the intellect can not fail to react upon the positive agencies, and must, accordingly, develop a character which was not constituted by the original proportions of the innate factors of the relation, in the primordial potentiality of their selfhood respectively.*

Now, then, a character made up by such an in-

* Webster.

† L. c. p. 408.

‡ "Il est nécessaire que les formes morbides soient rattachées au tronc commun l'état normal qu'on en saisisse toujours clairement les rapports; c'est à cette condition seule que la pathologie peut nous instruire." Th. Ribot, *Psychologie de l'attention*, p. 117.

* "Il y a des vices que nous ne devons à personne, que nous apportons en naissant, et que nous fortifions par l'habitude; il y en a d'autres que l'on contracte, et qui nous sont étrangers." La Bruyère, *caractères*, p. 238.

fluence over the intellect, be it in a validating or in an enfeebling tendency, by encouragement and invigoration, or intimidation and weakening, is an acquired one. It may differ from the original or inborn character considerably, but, if not invalidated altogether, it will ever show traits of convergency towards the original relation, and in the very peculiarities of the artificial make-up betray the proportions of the natural stock. There may be educated, even, an acquired character, by exerting undue influence over the positive part of the *ego*. Such an influence, as a matter of course, could never be but of a bodily kind, not psychological, but only altogether physiological. But as certainly as our nature is dependent on nourishment, the character of our nature may be altered by our nutrition. A coward, as a rule, is born. But by miserable feed he can be educated also; cases where armies derived their military valor from patriotism, or kept it up by a keen sentiment of duty, are cited by historians as exceptions, as rare instances of heroism; as a rule, the valor of armies is substantiated by the stomach. Voraciousness can be developed, and lewdness, without any intellectual influence, directly by vicious habits, gained by corrupting example in bad company, and the case of a character thus formed would be that of an acquired one, although, as far as its basis is concerned, rooting potentially with its proclivities in the faculties of the inborn propensities of the original man.

Practically our views are confirmed so abundantly, that illustrations are hardly necessary. Poetry we may look at as the highest expression of practical psychology. Now, then, poetry teems with enunciations which endorse our metaphysical discrimination. As early writers as Solomon speak of the HEART as the seat of perversion of the character. He says: "Keep thy heart with all diligence; for out of it are the issues of life" (Proverbs, iv, 23), and "He that trusteth in his own heart is a fool" (ibid. xxviii, 26). Shakespeare says: "He which has no stomach to this fight, let him depart!" and with the wonderful intimation of genius—anticipating in a single grasp the long-winding, deliberative researches of metaphysical scholarship:

"My brain I'll prove the female to my soul;
My soul, the father: and the two beget
A generation of still-breeding thoughts,
And these thoughts people this little world."*

Similarly other poets proffer the principle which in methodical metaphysics we propound; in more or less pregnancy they mobilize the contents of the ventral cavity for the active part of the character, and passing to the philosophers, it is among the more practically inclined, the less systematizing, where with the least reserve

our theory is implicitly adhered to. Thus the famous French psychologist, La Bruyère, in his book on character, warns those authors who live by pilfering, to undertake imitating those who, as it were, in writing, "draw from the intestines."*

A very serious metaphysical mistake into which those are misled, who neglect the method of never philosophizing except in keeping with given morphological points, is the assumption, that a strong character is conditioned by a considerable cerebral endowment. Absolutely, the latter is of no moment at all. Its importance is only in the proportion it bears to its primitive corollary. There may be as well a strong character with a capacious brain, as with a scanty cerebral outfit. It depends altogether on the proportion in which it is set off by its counterpart, the ventral cavity. If the push in the latter, by virtue of its contents, is very powerful, a man with a liberal endowment may be a strong character. But, such push failing, his character will be all the weaker, the more brains he has. On the other hand it is by no means miraculous, if sometimes notorious blockheads, by dint of steadfastness, achieve things which the finest heads fail to accomplish. Intelligence is a receptive, a passive faculty, and in practical issues, where perseverance, action, tenacity are the triumphant agents, intelligence may as well be a hindrance as a help. It depends altogether on the particular case. If, for instance, there is very much push in the blood-wave, and very little intelligence, the strength of the character may degenerate into *furor*, beastliness, crime, while the so-called encephalic temper is the character, which, for want of push, or a positive side, gets lost among the abundance of motives of action, which, negatively, as a veritable *embarras de richesse*, tenders his over-capacious brain. The character of the poet Coleridge, Sam T., is an example of poor positive parts degraded by considerable cerebral endowment. The very gifts of his intellect he did not exercise to their full capacity, let alone develop to what they might have been, because in his ventral cavity he lacked the push of high purposes. He never reached, therefore, above insignificance in that, even, in what he easily might have been great. He was, as Hazlitt put it, "Excellent talker, very—if you let him start from no premises, and come to no conclusion." His best friend, Charles Lamb, on being asked by him whether he ever heard him preach, answered: "I never heard you do anything else," and the same Charles Lamb tells, that he once cut off the button by which Coleridge held him one morning, when he was going into London by the Enfield stage; Coleridge remained on the spot, with the button in one hand, and gesticulating with the other, and Lamb found him in that

* King Richard II., Act 5, Sc. 5.—Considering that the "soul" is essentially understood to be represented by the ventral cavity, Shakespeare's fiction is a poetical synopsis of my theory.

* La Bruyère, caractères, éd. Schweighäuser, p. 48: "Qui tirent, p. ur ainsi dire, de leurs entrailles tout ce qu'ils expriment sur le papier: dangereux modèles, et tout propres à faire tomber dans le froid, dans le bas et dans le ridicule, ceux qui s'ingèrent de les suivre."

attitude when he came back to Enfield in the afternoon. Carlyle says of his talk: "He began anywhere. You put some question to him, made some suggestive observation; instead of answering this, or decidedly setting out towards answering it, he would accumulate formidable apparatus, logical swim-bladders, transcendental life-preservers, and other precautionary and vehiculatary gear, for setting out; perhaps get at last under way, but was swiftly solicited, turned aside by the glance of some radiant new game on this hand or that, into new courses, and ever into new, and before long into all the universe, where it was uncertain what game you would catch, or whether any." And that this want of intellectual anchorage was for want of a stomach to it, was denoted by the bodily deportment of the poet, as to which Carlyle depicts: "He hung loosely on his limbs, with knees bent, and stooping attitude. In walking he rather shuffled than decisively stepped; and a lady once remarked he never could fix which side of the garden-walk would suit him best, but continually shifted in a cork-screw fashion, and kept trying both." All this was owing to the disproportion between his generative and receptive faculties, the latter overweening to excess the former, a relation which, as a matter of course, was exhibited also morally, giving occasion to a dash of habits à la Falstaff inside and outside the tavern; he not only delighted in low company, but did not refrain from eating, or rather drinking a loan of thirty guineas, for which he had engaged himself to a publisher to write certain poetry, without ever repaying by keeping his promise, easy though it would have been for him.*

The energy of Napoleon Bonaparte, it may be granted, was with high intellectual concomitancy. But in Coleridge it was not for want of intelligence that there was less energy than in the former. The intellectual endowment of Coleridge was, perhaps, richer than that of Napoleon. There was in him more learning at any rate. It is a kind of historical fashion to bawl at Napoleon's great mind. But if we judge his wisdom by the fruit it bore, we see nothing than a talent for destruction. But the intellect he had was seconded by push, innate visceral drift, and he made accordingly as much out of his intellectual endowment as there was of it.† A short while after he was elected one of the three consuls by whom France was governed after the downbreak of the terrorism, one of the other two said of him *il sait tout, il veut tout et il peut tout*. That is why he was very soon at the head of the whole business. It was not so much that he knew it better than all others, but he was the most determinate of all of them, to be the one, out of

reach of whose understanding, will and power there be nothing.

Now, then, as a character, to be sure, our General Washington was a greater man than Napoleon Bonaparte. But nothing short of national vanity could induce us to classify him intellectually as high as the first emperor of the French. Nor did the degree of energy, which upright analysis may contend in Washington, equal that of the Corsican adventurer, who was a sort of devil. But visceral push and cerebral capacity in George Washington were wonderfully equalized, and accordingly history notes him as a builder, a benefactor, while all the fame of Napoleon is in fire, murder, bloodshed and annihilation.*

A glorious instance of a character with very moderate cerebral endowment, but who, by virtue of the push, or the positive parts in him, accomplished great things, and made his name famous for all times to come, was *Vittorio Emmanuele, il régalant uomo of Sardinia*, and later of Italy. Analyzing his character, it might be claimed that he was deficient in intelligence; in the proportion between his positive and negative psychical parts, the former were overweening. But he was so lucky as to meet in the idea of the Italian unity something which he could grasp, all its greatness notwithstanding. Or it might be said, that it was an idea to grasp which it needed more push than intelligence, and he clung to it with all the tenacity of his vigorous soul.

Similarly, future historians, being less dazzled by the brilliancy of triumph, will attribute the success of Bismarck far more to his pluck (and luck) than to his superior statesmanship. Bismarck never had a great idea of his own. All his energy was devoted to the execution of the ideas of others. He belongs to the class of characters, which, if more poorly matched with intellect, we meet in the demagogues of all ages.

Very intricate, but exceedingly interesting and important, psychologically and psychiatrically, is the question, in how much education was of influence upon a certain character, and in how much out of a congenital character was made an acquired one. If to our analysis we submit again the before-mentioned cases, we may state in that of Coleridge an artificial enhancement of inborn intellectual propensities. In order to give sufficient push to the character of the man, which would have counterbalanced the deliberative inclination of his brain, and filled him with harmoniously great aims and purposes, his physique ought to have been developed. A course as apprentice in a blacksmith-shop would have enabled him better to readily find the linkage between thoughtfulness and sensibility, than did the learned education

* Carpenter.

† "Il est moins rare de trouver de l'esprit que des gens qui se servent de leur, ou qui fassent valoir celui des autres et le mettent à quelque usage." La Bruyère, caractères, p. 50.

* "Il semble que le héros est d'un seul métier, qui est celui de la guerre; et que le grand homme est de tous les métiers, ou de la robe, ou de l'épée, ou du cabinet, ou de la cour; l'un et l'autre mis ensemble ne pèsent pas un homme de bien." La Bruyère, l. c., p. 57.

which at so early an age cultivated in him his præfrontal lobes, at the expense of the quality of his sensorium, the tendency of which remained low in him, with reference, even, to the commonest purposes of life.

Coleridge was of a constitution that he could never have become a Shakespeare. But if he had, like the latter, lived a youth of freedom and biological benefit, one which had not exaggerated the lack of equipoise in his mental agencies, the generative and the receptive ones, he might have become less of an eccentric or what in common life more grossly is called a crank.

If Napoleon, instead of being elevated in a house, where all that he saw and heard worth while being kept in mind referred to individual ambition; if, besides, his studies, instead of being exclusively restricted to military matters, had extended to statesmanship, economical science, moral philosophy and the like, than a sort of bloody meteor, he might have easily turned out the Washington of France, or, may be, Europe, for such was the idea, indeed, which in the beginning of his career was formed of him in the other countries, where at first his victories were by the masses hailed as the dawn of freedom.

If in George Washington the harmony which it had pleased nature to provide him with constitutionally, had been disturbed by an unharmonious education, he would, very probably, have become just such a dirty politician as—*nomina sunt odiosa*—there are so many, pretending carrying on his work in this glorious country, whose glory, if in times gone by it had not been established, we would have great difficulty to find at all.

Most easily *Vittorio Emmanuele* of Italy, by intellectual influence, a character could have acquired, which not only would have made him unfit for the important and happy part he played in the Italian unification, but made out of him a common pattern of aristocratic dissolution. And if Bismarck, by virtue of his ambitious individual push, was not, like Guiteau, betrayed into low tendencies, this was not so much by cause of naturally great qualities in the positive part of his nature, as by dint of educational instilling of inhibitory habits of thought, which hemmed in his pluck within the limits of the "royal service" and the more stylish aristocratic ways and means of his kind and kin. Bismarck, when he began the intestine German war, 1866, did not refrain from the alternative, to either kill those who stood in his way, or be hung himself, but, smarter than Guiteau, he used for the killing-process the king's army, and put between the hangman and himself the skillful Prussian General, Field-marshal Count Von Moltke.

The importance of our division as well as its correctness, is rendered more conspicuous by reviewing the results of practical psychiatric ob-

servation. The very development in the profession of the definition of insanity speaks in our favor. Comparing Cullen's definition of insanity as "a lesion of the intellectual faculties, without pyrexia and without coma," with that of Dr. Bucknill, who regards insanity as a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, have, separately or conjointly, been produced by disease * it is clear, that in the lapse of a century, which is lying between the two practitioners, the professional insight extended the simply negative view of insanity of remoter times to the reflection upon the positive part of the character, gaining thereby anatomical totality. It would be physiologically absurd, because anatomically untenable, to deny the connection of uncontrollable violence of emotions and instinct with the visceral organs whence the very action of the brain is emanating, so that the latter in its passiveness, even, is conditioned by the blood-wave. As surely, therefore, as the definition of Dr. Bucknill is superior to that of Cullen, the true explanation of the practical progress made is in the theory which I propose. It must be admitted that thus far there is a kind of habitual relapse into the ancient one-sidedness of psychiatric etiology. But this is owing to the preponderance, in "Mental Physiology," of a psychology which lacks itself of a clean, anatomically endorsed bill of health. The theory, that, because the brain is an organ of the mind, the latter can not inhabit any other organ of the body, is as theoretically absurd, as it is practically without confirmation. But it is this theory which causes in practical psychiatric observation the hesitancy, which is exhibited in recognizing as a general principle a rule which forcibly in every new case forces itself upon the mind of the observer. It can not be too often repeated, that there is NO ORGAN IN THE BODY, WHICH IS NOT AN ORGAN OF THE MIND, and consequently, psychology must reiterate mentally, the proportions which physiology, based on anatomy, bodily has to acknowledge.

To my mind, insanity can not well be explained, if the explanation may not form its arguments, except within the limits of disturbed intelligence. When a man of forty precipitates himself, as Bucknill and Tuke relate,† from the third story, "without any motive," a brother of his "strangles himself at thirty-five," a third one "threw himself from a window in attempting to fly," a fourth one "shot himself with a pistol," while a cousin of theirs "jumped into a river from a trifling cause," there is in such hereditary suicidal tendency nothing which can possibly render the supposition plausible, that it is only or more particularly the brains which are at fault. If such were the case, there ought to be indications of defective

* Bucknill and Tuke, manual, p. 23.

† I. c. p. 63.

understanding. But nothing of the like obtains. They killed themselves, not because they ceased to understand the effects of fire-arms, choking by water, or crushing of a falling body, but because by an uncontrollable agency they were pushed on to the suicidal act. This agency, I admit, remains for all that a mystery. It remains very singular that the hereditary predisposition to insanity will show itself at a certain age, and invariably occur then, while all the preceding time no signs whatever of a disturbed mind occurred, and the simple fact of a transfer of the domain of etiology from the dorsal to the ventral cavity is far from being an explanation. But the prospect to discover the links between cause and effect is obviously widened considerably by the viscera becoming a legitimate field of observation. There the experience of certain periodicity in general pathology is nothing uncommon. Not only in womankind, although with them more punctiliously, but also in man nature works in phases, and as the blood is the stuff the brain draws its substance from, and mostly so when making thought, there is nothing strange in the thought as such, that under certain unfavorable circumstances the blood-wave may cause insanity, or set up in the nerves a condition which produces in the brain abnormal tendencies.

If the co-incidence in insanity of visceral impressions could be denied, the periods of puberty, climacteric, etc., ought not by practical psychiatry to be taken so much into account, and again, if in insanity a defect of intellectuality were the cause of the conduct being turned off the rules of society and the habits of the very individual concerned, it ought to be the narrow-minded who are most exposed to alienation of the mind. But the degree of intelligence as such of a person is neither pro nor con an item of the statistics of lunatics, and all this practically confirms the theory, that there is a particular importance of the cerebral outfit only in as much as it bears reference to the psychologically active or generative part of man, as represented by the ventral cavity, unless it is a case of local lesion of the brain or defect, traumatism or idiocy, cases which do not come in with the subject which we have in hand anyway.

Dr. Alice Bennett, Superintendent State Hospital for the Insane, Norristown, Pa., in the case of *People vs. Sarah J. Whiteling*, stated as an argument in favor of the commutation of sentence: "It is right for me—a woman—to say to this Board (of Pardons) what but a woman can know, that under the happiest conditions in a typically, healthy woman the physiological crisis, which recurs once in four weeks during the child-bearing period, is one which stirs her nervous system to its profoundest depths." * Now, then, if this is so, physiologically, how can it

be pathologically different, except in as far as there is a difference between pathology and physiology? If the normal character, in a metaphysical analysis which is in keeping with physiology and anatomy, turns out as a proportion of the positive and negative parts of man, how can an abnormal character, or one which shows exaggerations, turn out other but a disproportion of this same relation?

In colloquial language a person with a sound mind is spoken of as one with a level head. This is an unscientific expression. For a level it needs always more than only one factor. But the idea the popular impression aims at is correct. It is insufficient for a mind, free from all unsoundness, to be either provided with great energy or with great intellectuality. If there is not a level of constitution and education, neither the owner nor the world derives of it much benefit. And it is very deplorable that this relation of things is so little known, else the education of the mind, which is at present, and has for all the thousands of years, history tells of, been restricted to the training of the intellect, would be extended to the positive action of man, the generative part of his character, and infinite misery be prevented thereby. Not only the morbid states of mind, which are produced by the morbid irritation of the nerves inserted in the visceral organs, would be reduced, and a check put on the throng towards the lunatic asylums, but in normal, common life, the standard of this normality would become one of more bliss and felicity. For even within the physiological limits, the exhibition of a happy life is sure to lead back, as its condition, to the lucky physiological proportion of which psychologically the harmony of soul and intellect is the fortunate expression.

"COINCIDENT DISTRIBUTION OF TUBERCULOSIS AND DAIRY CATTLE." *

DR. BRUSH began by stating that if he could show by reputable authority that the geographical distribution of human tuberculosis coincides with that of the bovine disease, the inference would be that they stood to each other in the relation of cause and effect. In studying the geographical distribution of pulmonary consumption, the necessity for separating imported from indigenous cases in any table of statistics was absolute, in order to reach any conclusions as to the habits of the people and their effects with reference to the disease. Many other diseases are conveyed to the human race by animals where no doubt exists, but in the case of tuberculosis the slow development of the disease is a disturbing factor. The danger of animals being infected by man is exceedingly small; the danger of man's being infected by animals is practically the only danger,

* The Medico Legal Journal, Vol. VI, No. 4, p. 431.

* Synopsis of a paper read before the New York State Society by Dr. E. F. Brush.

and this can be avoided. He thinks that the proposition for isolating human consumptives is leading us away from the chief danger. He shows that in lands like Egypt the indigenous inhabitants retain immunity while associating for long periods with consumptive immigrants, while on the other hand in regions like Australia and the Sandwich Islands the inhabitants have become infected after the introduction of dairy cattle. The best dairy cattle breeds, he argued, are the tubercular breeds, while some breeds not classified by the breeder as dairy cattle are exempt from tuberculosis owing to their vigor and health. In all dairy countries the prevalence of tubercular consumption is a settled fact, while the only countries at all in doubt are those where the dairy consists of other than our domestic cows. Referring to China, he spoke of the pure Chinese as a people who did not use milk, while the Tartars in that country were meat and milk consumers, and therefore the observations of medical men are very confusing, and they confess that they can not understand why the disease prevails among the dominant Tartar class and not among the poorer Chinese, who, according to all preconceived notions, ought to be tubercular. In South America, where cattle are exceedingly numerous, but the use of milk almost unknown or used only after being boiled, the natives still enjoy an immunity. The doctor then, taking a geographical square of ten degrees embracing Spain and Morocco, contrasted the two countries, as the climatic conditions must be pretty nearly equal, but Morocco, where there are no European dairy cows, is exempt from tuberculosis; while in Spain and Portugal, where dairying is carried on in the European style, tuberculosis prevails. The doctor ended by saying, as a physician and as a cattle breeder, that there was no great necessity for a disturbing alarm, because the benefits conferred upon us by the bovine race far outweighed the burden of disease. If there were no way of remedying the disease, he would be decidedly in favor of letting affairs remain as they were. He expressed, however, a strong opinion that dairy and beef cattle could be bred in such a way as to eliminate tuberculosis, but that this could only be done by increasing the price of both beef and milk.

THE CLIMATE OF OREGON.

By F. G. EHME, M. D., ROSEBURG, OREGON.

THERE is no Eastern State which has such a diversified climate as Oregon, and one always should specify which part of the State is spoken of when climate is the subject. Since this is much influenced by mountain ranges and the altitudes of the different parts, it will be necessary to give first a short geographical outline.

Oregon is nearly a square 275 miles broad from

N. to S., and 350 miles long from E. to W., containing about 95,274 square miles. The Cascade Range, from 6,000 to 7,000 feet high, with several snow-capped peaks of 9,000 to 11,000 feet, extends from N. to S., about 120 miles from and parallel with the Pacific coast, dividing the State into two unequal parts, called Eastern and Western Oregon, the latter about half as large as the former.

Eastern Oregon is in part table-land, 2,000 to 3,000 feet high, partly mountainous; the Blue Mountains situated in the Northeast, the Stein Mountains in the Southeast. The climate of this large part of Oregon is much like that of any Eastern State under the same latitude.

The Coast-range, 3,000 feet high, runs nearly parallel with the Pacific coast and the Cascade Mountain, cutting off from Western Oregon a strip of land the entire length of the coast and 30 to 40 miles broad. The climate of this long section of nearly 300 miles in length is warm in winter, but cold and very foggy in summer, owing to its vicinity to the Pacific, which is much colder than the Atlantic Ocean.

The remaining portion of Western Oregon between the Coast-range, and Cascade Mountains is divided from N. to S. into three valleys by mountain-ridges connecting the two just mentioned mountain-ranges.

These three valleys are that of the Willamette River, as large as the next two valleys together, 130 by 60 miles, and those of the Umpqua and Rogue Rivers. All three valleys have an early, long spring, warm days and cool nights in summer and a long fall. The Willamette valley has some rain in summer, more in spring and fall, and a great deal of it in winter with some snow.

The Willamette empties into the Columbia River. The Umpqua and Rogue Rivers pierce the Coast-range and empty into the ocean.

The Rogue River valley, being the most southerly, would naturally be the warmest of the three valleys, had it not such a high altitude.

The Umpqua valley though north of the former has the mildest winter and earliest spring. There is very little rain, if any, in summer, a moderate amount in spring and fall, and more in winter. Snow seldom falls and does not lie long. In mid-winter the temperature at night is generally (24 or) 26 to 36, daytime between 35 and 45 (to 50). Through the winter hardy flowers like pansies, violets, marigolds, verbenas, mignonettes, daisies, etc., bloom and hardy vegetables grow outdoors. The grass keeps bright green till summer, when it dries all up. In winter south-winds prevail, in summer north-winds; the former are warm and bring always rain, the latter bring fair weather and temper our dry heat, which is in the shade always pleasant, but in the sun in the middle of the day frequently scorching.

Roseburg is situated on the south fork of the Umpqua. If there is a scarcity of rain in winter, it produces sickness, and, *vice versa*, dry weather in summer does not cause sickness. There is a small percentage of tuberculosis and it would be still less, if people were more careful. Most cases yield satisfactorily to treatment with small dosage. Typhoid fever and spinal meningitis are of rare occurrence. There is no malarial or intermittent fever, but imported cases do not recover through the climate merely. There is a small percentage of asthma. Those affected have periodical attacks, apparently without any cause, and recover from them without treatment by going to Eastern Oregon, but the asthma reappears, when they return to Roseburg. Diphtheritis is at times very prevalent but easily managed under *similia similibus curantur*, not so under the contraria. Four years ago merc. cyan. was the chief remedy, but soon lost its effect, when cinnabaris took its place and cured quickly. Pneumonia is also at times epidemic, but seldom fatal. Catarrh of the nose and lungs is common. Although there is a great variety and abundance of fruit from the middle of April till late in fall, diarrhoea and dysentery are not as frequent as one would suppose. There is also comparatively little sickness among infants, it is a healthy climate, and, all things considered, perhaps the most pleasant of all climates in the United States, which allow no strict rules in any state and are most capricious.

Rhus californ (poison oak) grows here in the greatest profusion, but cases of poisoning by it, are not as frequent as one would expect from its omnipresence. I have been told by several persons that they keep from being poisoned by chewing a very small piece of a twig or leaf.

No hydrophobia, no mosquitoes, thunderstorms exceedingly rare, no tornadoes.

CLINIQUE.

RATIONAL MEDICINE vs. THE FAITH-CURE MANIA.

BY FRANK A. ROCKWITH, M.D.,
EAST SAGINAW, MICH.

THE lessons of Time have taught us that nothing helps the cause of folly so much as accusation and persecution. I propose, therefore, right at the start of my paper, to say that I do not intend to attack or in any wise to criticize the tenets and belief of the people calling themselves curers by faith, Christian scientists or whatever else there may be of that class of social vagarisms. Neither shall I question the honesty of their convictions nor dispute the possibility of some of their pretensions. All I care to do is to correct certain misstatements of one who I am informed has become of late a somewhat prominent figure-head

in these intellectual perturbations of the day, and to show truly upon what testimony some of their claims are founded. Hoping, furthermore, not only to prevent thereby much harm to suffering humanity, but also to warn all those whom it may concern that falsehoods are unsafe foundations to build a philosophical system upon.

But in order that I may divest this article as much as possible of all personalities, I shall treat the subject altogether as a clinical study of the differential diagnosis of cancer.

CASE: M. S., spinster; *æt.* 44; American; by occupation a dressmaker or modiste; above medium height; brunette; exceedingly emaciated; mammary development absolutely nil; of rha-chitic constitution; with cranio-facial conformation asymmetrical (false teeth and skillful hair-dressing disguising facts). Very loquacious, high-tempered, crafty, but yet of engaging manners. Her *tout ensemble* is one which Maudsley would unhesitatingly classify as a responsible insane neurosis. At one time addicted to spiritualism, as well as spirits of more decidedly telluric origin (C_2H_5O). Family history: one sister, hystero-epileptic, with erotic and religious mania. A second sister has cleft *velum palatinum*; rha-chitis. Father said to have died of secondary pneumonia and methomania.

Anamnesis. In early womanhood hysterical. For a number of years previous to this case my patient with symptoms of hystero-neurosis generally. Menstruations painful, irregular; habitual constipation.

Status præsens. Upon the lower third of left thigh over *musculus vastus externus* a round sore, one inch in diameter, of many years standing, but slowly progressive in character; presenting the appearance of burned leather, slightly elevated above the skin, wart like, fissured, painful to touch; with moderate but suitably ichorous moisture bathing its surface; bleeding during the catamenia. Coincident with this, an indurated glandular enlargement, the size of a copper penny in the undeveloped aplastic mamma, situated in the lower and outer quadrant, encroaching upon the areolar margin of the left mamma. Experiencing occasionally sharp darting pains in the tumor, particularly during the menstrual molimina. The tumor, although movable, gives evidences of anterior adhesion. *Diagnosis:* I being unfortunately not an expert with the microscope (although having dabbled with that entertaining toy as much as most others have done before me) made no attempts at a more minute histological study of the thigh-ulcer-tissues. But taking into consideration the unfavorable general cathecia of the patient, as well as the possibility of harm from the approaching period of involution, as also the total objectivity of the several lesions, I felt safest in giving a pes-

simistic opinion of the case; but being also old enough in professional years, I took care to have my opinion open to the correction by more eminent authorities, and hence advised further consultation elsewhere in the matter.

I treated the ulcer as a cancrroid (epithelioma), leaving the mammary tumor to time and further developments.

Hygiene and Therapy:

The first necessity in the treatment of true cachectic conditions is to improve the general tone of the system, to accomplish which in this case it became necessary to change the mode and habits of living, of avoiding anxiety and worryment, and to improve the blood-tissues by a proper diet. Internally I ordered the following:

B Arsenicigodati.....	gr. $\frac{1}{16}$
Hydrastini.....	gr. $\frac{1}{16}$
Extr. Gentianæ pulv.....	gr. ij
Saccharilactis.....	gr. iij
Misce fiat pulv. dent. tal. dos.....	No. 100
Sig: A dose morning and night.	

Just about this time there was a great deal said in French medical journals about the favorable results of salicylic acid as a local remedy in epitheliomatous ulcers. Hence I prescribed:

B Acidi salicylici.....	qt. sat
Glycerini optim.....	qt. sat. ad massam
Sig: This paste to be applied with absorbent cotton twice in 24 hours.	

To the mammary lesion I caused to be applied the empirical remedy of ages:

B Extract conii inispisati.....	part i
Axungini porci.....	part iii
M. ft. unguentum.	
Sig: Use locally as directed.	

The salicylic paste was applied by myself personally every day, thus enabling me to observe the result and change the treatment when indicated. But few weeks sufficed to see the ulcer disappear, and thus enabled me to give a more optimistic opinion of it and its fellow-lesion in the breast. Reiterating the statement made by me, that if malignant no cure would result, while a benign condition might be cured with medicine, but would in any event disappear with involution.

Several months after the cicatrization of the ulcer had set in (the mammary tumor having dwindled down to less than half its former size), my patient removed to New York city to engage in the dress-making business.

I learned from frequent professional correspondence with her that she had met there with almost phenomenal success, so much so as to enable her to take summer vacations in the country or travel in Europe, living at the same time as gay as the Goddess of Liberty in France, having no sorrow nor cares, but everything that health and the heart could demand. Her former emaciation had

yielded to something of an approach to *em bon point*. The mammae were free from any tumefactions whatever, and for the first time in her life had assumed womanly proportions; indeed, a second youth seemed to have dawned upon her life at a period when most other women suddenly succumb to the inevitable.

Thirty years ago we spoke of scrofula and struma in such cases; this is not fashionable now. Finale: Alas for human instability of mind! the exuberance of newly-gained somatic health has since (within only two years at most) given way to a mental alienation. Beginning at first with religious speculation, advancing stage by stage to more pretentious neo-philosophical flights of fancy, only to settle down degree by degree, first into some kind of metaphysical muddle, afterwards into medical nihilism, and from thence finally into mind-reading, faith-cure and Christian science.

Instead of adhering steadfastly to the lucrative and fairly respectable business of dress-making, she now travels over the broad land an apostle of faith, at the rate of three hundred dollars a lecture.

And upon what ground? Solely upon that of having cured a cancer by faith.

I am now kept busy answering inquiries concerning which this clinical contribution ought to give all the replies necessary.

EXTRA-PERITONEAL HÆMATOCELE.

By H. I. OSTROM, M.D., NEW YORK.

Surgeon to the Ward's Island Hospital, and to the Hahnemann Hospital, New York.

PROBABLY the most frequent cause of extra-peritoneal hæmatocele, is a tubal pregnancy that has ruptured into the broad ligament. The fetus is usually destroyed by the hemorrhage that follows the rupture, and the cellular tissue between the peritoneal layers of the broad ligament becomes occupied with effused blood.

The extent of hemorrhage into the broad ligament is limited, but this limit is a wide one, for if the patient can endure the loss of blood, the peritoneum may be stripped from the pelvis up to the kidneys, entirely separated from the pelvic floor, lifted from the fundus of the uterus; in fact, dissected from all the pelvic viscera. The anatomical relation, therefore, will be a sac filled with blood in the true pelvis, between which and the intestines is a layer of peritoneum.

Hemorrhage sufficient to cause such an extensive separation of peritoneum is rare, and unless very slowly effused, must be accompanied with almost fatal collapse. More usually the hæmatocele is confined by the cavity of the broad ligament, and forms a tumor on one side of the uterus.

The symptoms that accompany the development of this variety of hæmatocele are well marked. There may be a history of one or two missed menstruations, though this is not constantly true of tubal pregnancy, for sometimes there is flooding, or too frequent menstruation. There may be some discoloration of the vagina, and softness of the os. There may also be swelling of the breasts and increase of pigment, but these signs of pregnancy usually belong to a later period.

The most constant symptoms are those that accompany rupture. There is sudden, severe pain in the abdomen, generally referred to one side, followed quickly by or accompanied with collapse. An examination reveals a tumor occupying one side of the pelvis, indistinctly connected with the uterus, but not closely movable with it. Vaginal examination shows one broad ligament to be replaced by a soft but resisting swelling, which frequently extends backwards, filling the posterior fornix. Examination per-rectum shows an annular constriction seated about two inches from the anus, a constriction that forms some part of the lateral tumor.

Because of an unusual degree of resistance that the cellular tissue of the broad ligament offers to the effusion of blood, the hemorrhage may be arrested within the cavity of the broad ligament. Such an issue may be looked upon as the most favorable one for extra-peritoneal hæmatocele. In that condition the collection of blood may remain inactive for a considerable length of time. Hæmatoceles, however, in common with other collections of blood, may, and frequently do, become pathological tissue, and as such require surgical treatment.

In the variety of hæmatocele under consideration, the question of continued gestation does not enter. The profuse hemorrhage may reasonably be believed to have destroyed the embryo, and therefor the collection of blood only claims attention.

Between tubal pregnancy that has ruptured into the broad ligament causing an hæmatocele, and tubal pregnancy that has ruptured into the same structure, but with a prospect of developing to full term either in the broad ligament or by secondary rupture into the abdominal cavity, it may be difficult to diagnose. If, however, we do not lose sight of the fact that the usual symptoms of loss of blood accompany in a very marked degree the development of hæmatocele, while these are not so much a feature of what I may call a viable rupture, there should be no very great difficulty in pronouncing upon the case. In some instances, however, it may be quite impossible to decide which course the rupture will take, for there may be a considerable degree of shock in either case. Here time will greatly aid in forming an opinion. If the case does not demand

immediate interference, we may wait for the slow development of the tumor that belongs to pregnancy, a rate of increase not found in hæmatocele. It will thus be seen that a principal point of diagnosis rests upon the growth of the tumor.

Extra-peritoneal hæmatocele occurring from other causes than ruptured tubal pregnancy, may usually be traced to some definite source. A sudden chill during menstruation, excessive excitement during coitus, an operation upon the broad ligaments, may each be regarded, if followed by a pelvic tumor having the signs of confined fluid, as causes of a vessel ruptured into the broad ligament. But as I have remarked elsewhere (*MEDICAL TIMES*, December, 1889, "Ruptured Tubal Pregnancy"), these hæmatoceles rarely require any other treatment than rest.

Of extra-peritoneal hæmatocele caused by ruptured tubal pregnancy, this can not always be said, and a reason for its greater gravity may be found in the circumstances of growth, including as they do, a more or less severe lesion of the Fallopian tube. Still, it must be said, that even this variety of hæmatocele does not always require immediate surgical interference. For the hemorrhage may be slight, and remain encysted. The circumstances under which an hæmatocele that has taken such a course will require treatment, are closely associated with the disorganization of the blood clot. The contents of the cyst by this means soften, and the case resembles in many respects, or may become, an abscess of the broad ligament, or if the tumor is small, an occluded tube containing fluid. The only method of treatment that offers a prospect of a permanent cure is a laparotomy, having for its object emptying and draining the cyst cavity.

A much more serious condition is that of continued or recurring hemorrhage into the broad ligament, producing what I will name, *dissecting hæmatocele*. This variety frequently admits of no delay in treatment. Even after the hemorrhage is controlled, the size of the tumor and the local disturbance to which it may give rise, demand a laparotomy. The fact that a few cases of extensive dissecting extra-pelvic hæmatocele have lived through years of invalidism, should not be offered as an excuse for withholding from these cases the advantages of abdominal surgery. As John Burns has said: "For surgical hemorrhage, cut down and tie the bleeding point; if a big branch of the femoral artery were bleeding, my colleagues who deal with such cases would cut down and tie it. Why should Poupert's ligament be made a line of demarcation within which this writ will not run?"

With relation to treatment, extra-peritoneal hæmatocele admits of two divisions: *a*, when the hemorrhage continues; *b*, when it has ceased. A third variety in which the hemorrhage is intermittent, will be seen to fall within either one of

these divisions, according to the period at which treatment is begun.

When hemorrhage into the broad ligament becomes so profuse as to cause the peritoneal separation that we have spoken of, I think we are not justified in delaying operative interference, in the hope that it will be controlled spontaneously. The then indication is to open the sac and secure the bleeding vessel, or vessels. But this is an operation attended with more than usual difficulty. *First*, The field of operation is obscured by the collection of blood; and *second*, the anatomical relations are so much altered, that the bleeding point can only be reached after most careful search. It is very plain that in some cases the surgeons must fail to accomplish this by the ordinary methods used to tie vessels. Here the per-chloride of iron, as suggested by Mr. Tait, is invaluable.

It has occurred to me that a ligature passed from without the sac under the Fallopian tube, when this can be defined, and tied, would control the hemorrhage. I have not had an opportunity to employ this method, though I have used the per-chloride several times, but will do so when a suitable case occurs.

The appearance upon opening the abdomen in a case of large extra-peritoneal hæmatocele is peculiar, and with the proceeding history should not admit of a mistake in diagnosis. In color, the tumor slightly resembles a soft œdematous myoma, either of the uterus or of the broad ligament, but there is the marked difference that the superficial blood vessels in a myoma are usually greatly enlarged, a condition not found in the peritoneal covering of an extra-pelvic hæmatocele. The character and degree of resistance also aid the diagnosis. Soft œdematous myomata have a *solid* fluctuation, a sensation, not of containing fluid, but rather as if the whole growth was elastic. Hæmatocele, even though parts are solid from coagulation of blood, and though very thin, are more distinctly fluctuating.

But any doubt that remains will be removed by passing the hand within the abdomen, over the growth, when its connections will at once establish the nature of the tumor.

After opening the sac and controlling the hemorrhage either with per-chloride of iron, or by ligating the ovarian artery according to the method suggested, the cavity should be washed out with warm water. The thoroughness with which this is done will add much to the success of the operation. As in cleansing the abdominal cavity, the best instrument for the purpose is a large-sized tubular trocar; this can be carried to every part and recess of the sac, without fear of injuring tissue, and brings a powerful stream of water in contact with the walls of the cavity. The cavity of the abdomen should also be thoroughly washed out.

The drainage of the hæmatocele sac may be accomplished in one of two ways. Either the walls of the sac are stitched to the abdominal opening, or a drainage tube is carried to the bottom of the sac, and the peritoneal walls allowed to fall about the drainage tube. My preference is for the latter method, especially if the hæmatocele is not of large size. The supposed fate of the peritoneum after enucleating uterine myomata, and solid tumors of the broad ligament, lead me to adopt this method of draining extra-peritoneal hæmatocele, and the results have been equally good, compared with the older method, and my cures have been more rapid. It is probable that the peritoneum under such conditions shrinks, and, if there is no hemorrhage, early contracts about the drainage tube, thus sealing the cavity of the hæmatocele from the cavity of the abdomen. In this way a tedious process of granulation is avoided, the wound healing as in any other laparotomy.

CROUP OF THE INTESTINES.

BY F. G. CEHME, M. D., ROSEBURG, OREGON.

SEVERAL years ago, while residing on Staten Island, I was consulted by a tall, spare lady regarding a very obstinate constipation. She would have a movement only once in three or four weeks, and even at longer intervals. It was very hard, and mixed with stringy, skinny substances. Appetite and general health good. There was no particular discomfort on account of the constipation except the laborious and difficult passage. The abdomen was no more distended than if there was a daily movement.

As such a state seemed almost impossible, I thought there might be some misunderstanding; yet questioning and requestioning and external manual examination of my intelligent patient only confirmed the above statement. By request she brought me several of the skinny substances, which proved to be perfect tubes, casts of the intestines, and were 2-4 inches long, quite thick, firm, false membranes. She had never taken cathartics, and always used small doses: Calc. $\frac{1}{16}$ and lyc. $\frac{1}{16}$ trit., alternately, regulated her bowels in two weeks, and hep. $\frac{1}{16}$ stopped the formation of membranes.

About five or six years later she applied to me again for treatment for the same disease. She had moved from Staten Island to Inwood on the Hudson, and I had left Staten Island for Roseburg, of which she was ignorant. Her letter directed to Staten Island was sent here. She wrote under date of April 12th, 1888, that she had not had a movement since March 19th up to date.

I do not publish this case on account of the successful treatment, but because the case is of more interest on other accounts. There was evidently

a croupous condition of the intestines, as the firm casts proved, and yet there was no disturbance, not even discomfort, general or local. When the stool was passed at long intervals, there was not more, or, at least, not much more, passed than if she had had a daily motion. The external appearance and examination of the bowels did not show that they were any larger than if she had had a daily motion. What, then, became of a four weeks' amount of food? As I said above, her appetite was good, and as she felt well, she ate as much as usual. If I had not known the lady so well for years, or if there had been the slightest reason for deceiving me, I could not have believed her statement, but I knew her to be strictly truthful.

AT THE CLINIC OF PROF. CHARCOT.*

[HOSPICE DE LA SALPETRIÈRE.]

Effects of Lightning Upon the Nervous System.—M. Boudin, who, by the way, has devoted much time and attention to this subject, finds that the effects of lightning upon the human body are marked by something *unforeseen, contradictory, mysterious, and presenting itself in a multitude of forms*. This view seems somewhat overdrawn to say the least, as one mystery gives birth to another, and hence one should not examine them too closely.

M. Charcot gave at his lecture in the clinic the clinical history of a man, as a proof of that which he advances; he presented: A man without hereditary nervous antecedents, energetic and vehement, having lead an excited life. At the age of eighteen, while at an institute, he boxed his teacher's ears, for which he was driven away from the place. He followed up this rash act by enlisting in the navy among the marines. There he took part in the Mexican campaign, in the fleet; he passed also through the campaigns of 1870, taking part in the battles of Batay, Orleans, les Aubrays, Couloumiers, etc., with the marines.

This man had made danger a habit, and many a time has he been in the midst of shot and shell without showing fear.

Lately he has been a receiving clerk in a large commercial house, in consequence of which he has become somewhat neurosthenic and overworked. May 7th, 1889, he was struck by lightning on the Noisy-le-Sec road, and, by the way, his mental state at the time was anything but ordinary. This man, so energetic and devoid of fear, was suddenly seized with an idea that he was in danger of being struck by lightning while passing alone along this open road. He abandoned a piece of heather where he was and commenced walking very quickly, passing over perhaps 200-300 m.; suddenly he heard a deafening crash and saw a metre or two from his left foot a ball of fire the size of a 50-60 litre beer barrel, shooting out spirals of thick fumes. At the same time he felt a *strange sensation in the left leg as if the limb were taken between two planks and sawed*; the limb tinged and felt as one's limb does when arising from sitting a long time, or when one bruises his sciatic nerve. He at once became weak, turned half around and fell at full length, becoming at the same time unconscious. On recovering consciousness, when, however, he could not say, but he found himself in that condition seen in those injured in railway accidents. He arose from the ground and

commenced walking without hardly knowing whither he went; on meeting a friend who asked him if he were ill, he growled roughly without reason at him. This man had seated himself and wept a long time at the place of the accident. The idea of the heather returns without any reason into the midst of this shipwreck of acquired ideas. Coming back to his present condition, we find him with haggard eyes due to his continually and unceasingly weeping; he hides himself beneath the coverings of his bed like a child. This state only slightly disappears little by little during the day, for during the night he raves continually over his accident. Now, to-day, three weeks after the accident, he presents in the limb struck by the lightning a *complete paralysis of sensation and emotion*. There is complete anæsthesia to all tests; the muscular and articular senses are attacked. There are no signs of any organic medullary trouble; the sphincters are unaffected.

If we add to this an *appreciable diminution of sensation of the left side of the body, a reduction in the sensitiveness of taste, hearing, smell, a narrowing of the field of vision, achromatopsy, pharyngeal anæsthesia and zones upon the chest where pressure produces an outline, so as to say, of a crisis, one comes to the conclusion that the man has now become a common hysteria*; that is, however, not to say that the lightning had no influence upon him. If one seek for literature upon the subject of accidents from lightning, one will find in the *Dictionnaire Encyclopédique* the memoir of Arago (l. Sestier, art. Dechambre), from which one sees that there are two kinds of lightning: the common zigzag lightning and ball lightning; of the former it is said, and not without reason, that it strikes without one having time to see the flash or hear the noise. The latter is by no means the same, and the description which the patient gave well agrees with other cases which have been described by writers. One has time to see the ball of fire; one sees it, for example, enter the window and pass out through the door, striking in its course a child or an animal, (animals are much more easily struck than men). There is no mental state peculiar to those struck; it is that of one in great terror, and who, whether injured bodily or not, suffers from a violent nervous shock. Paralysis from lightning have been described; they have also been diagnosed in such persons. They have been produced with success in animals experimentally. Their characteristics are that they are more often *incomplete, immediate, transient in duration*, influencing for the time movement and sensation, and generally localizing themselves in the limb touched by the lightning. The sphincters are never influenced, the paralysis always assuming a peripheric character. The forms of these paralyzes are: 1, *monoplegia*; 2, *hemiplegia*, or more rightly called *monoplegie associée*. The patient presented at this lecture is not an exception to the rule. He also has a paralysis from the lightning—a *paralysie par fulguration*—his leg was first attacked, then his nervous centers suffering he became *hysterie*. That which goes to confirm that the paralysis was not hysterical from the beginning, is that its appearance was *so sudden*; on the contrary, in hysteria it is known that the *paralysis is of reflex organ, a matter of meditation, of maturation*, as it were.

M. Charcot brings conclusions from the works which he cites: (*Nothnagel, Virchows Archiv.*, 1880; borrowing also from Onimuc, Gibier de Savigny), that persons struck by lightning become *manifestly hysterical*. Hence, in the mysteriousness, the multifornity of Boudin there is something tangible, something constant; again, in this we find a proof of there being a hysteria in men as well as in women. In the first effects of lightning, railway accidents and traumatism from violent emotions, hysteria is always a constant nosological element. The patient will be put upon the usual treatment for hysterical persons, and thus he may hope for relief from his paralysis and the troubles which have engrafted themselves upon the primary effects of the lightning.

* Translated from the *Gazette hebdom. de Méd. et de Chirurgie*, 38, 1889, by Drs. F. H. Pritchard and Albert Pick, of Boston, Mass.

"SURGICAL MEMORANDA."

BY ARTHUR T. HILLS, M. D.

Surgeon to the Ward's Island Hospital and the House of the Good Samaritan Diakenessen.

The Treatment of Acute Endometritis by Drainage.

—Dr. Polk, of New York, has inaugurated a new treatment for acute endometritis by drainage. His experience has not been extensive, but the two cases he reports have been quite satisfactory to him. He considers the endometritis following miscarriage much worse to treat than where it occurs in the non pregnant uterus. Such a uterus offers the greater difficulties in the application of the treatment, which he carries out in the following manner:

The vulva, the vagina, and the cervix, including the cervical canal, (nicking the external os if necessary) are scoured with soap and water, and washed out well with a 1 to 2,000 solution of bi-chloride of mercury. Approaching the internal os, it will in all probability be found free to an instrument passed from below though its lumen is, no doubt, temporarily closed by the prolapsed endometrium. If it is patulous, the uterine cavity is at once freely irrigated with a 1 to 2,000 bi-chloride solution. If the internal os be obstructed, it should be dilated with any good dilator before it is irrigated. For the purpose of irrigation Dr. Polk uses two Weiss catheters, introduced one after the other, the fluid entering through one and returning through the other. When the irrigation is completed, the vagina and cervical canal are dried out, a cervical speculum, long enough to pass the internal os is introduced, and through that a piece of iodoform gauze or iodoform candle wick is introduced to the fundus.

The surplus is brought loosely through the vagina, the outer end terminating upon the dry gauze or absorbent cotton pad placed against the vulva. At the end of twenty-four hours a fresh drain should be introduced as before, preceded at this and at such succeeding dressings as may be required, by an intra-uterine irrigation of simple warm water. The vulval pad should be kept dry, renewing it as often as may be necessary to that end. The doctor says "The details described would seem to involve more disturbance than such cases would allow, but barring the element of nervousness of apprehension, the tax upon the patient is limited to the placing of the drain in the uterine cavity, and where needed, to the preliminary dilatation of the internal os," cocaine is found of the greatest value as a local anesthetic, and with the aid of the cervical speculum, and a large sound or Sim's tampon screw, the tampon is easily carried to the fundus of the uterus.

In acute endometritis following labor or abortion, the application of the drains are the same as already described, but owing to the size of the cervical canal, less difficulty is met with in introducing the tampon. The preliminary cleansing of the vagina and the vulva are the same, but the treatment of the uterine cavity is more radical. First it should be fully curetted, removing all deciduous tissue and blood clots, and then thorough irrigation should be made. Here the doctor suggests the introduction of enough of the gauze or wicking to loosely fill the cervix, bringing the excess out through the cervix and vagina. This dressing should be removed in twenty-four hours; generally two dressings are sufficient.

Another aspect of the treatment, says the doctor, "is its application to cases where the tubes are already manifestly involved, even though they be involved to such a degree as to have pelvic peritonitis associated. I think well of the attempt to strike at the source of the evil. This refers to those cases where laparotomies are not indicated."

In chronic salpingitis, where one tube and perhaps the ovary are practically destroyed, this line of treatment is advocated, that the endometrium may be in a healthy state, influencing the condition of the healthy tube and ovary.

In chronic endometritis of the hemorrhagic form, in order to overcome unusual stenosis, resiliency of the internal os, he advocates the slitting up of the anterior wall of the cervix to the internal os, as dilatation is often unsatisfactory, and the drainage is imperfect without it.

The Dry Method of Operating.—Dr. Landerer, of Leipzig, presented a paper to the late Congress of Surgeons in Berlin, in which he advocated the dry method of operating. The method consists in not allowing a drop of fluid of any kind to come in contact with the wound during the operation. The instruments are boiled and kept in a weak solution of carbolic acid. The hands of the operator and the field of operation are cleansed first with soap and water, and then with a 1 to 2,000 solution of sublimate in alcohol. As soon as the first incision is made, no more fluid is allowed to come in contact with the wound. The sponging is done with pieces of sublimate, absorbent gauze, and all the parts are kept tamponed with it, except at the point where the surgeon is working. Hemorrhage is much lessened by this method, very few vessels in the muscles require ligation. As soon as the operation is finished, and the larger arteries are tied, the wound is to be kept tamponed for a few minutes with gauze, after which it presents absolutely dry surfaces, and is in excellent condition to unite primarily. Buried sutures are used to bring the deeper portions together. The skin is united by sutures, no drainage tubes are used, but all the blood finally forced out of the wound by direct pressure. As there is no secretion whatever, no care need be taken to evacuate it. Even cavities may be treated in this way [as in castration], provided the walls can come together. The dressings are to be applied under pressure of the bandage. The author claims the following advantages for this method:

- 1st. The patient does not get at all wet or chilled.
 - 2d. Hemorrhage is materially lessened, and in cases of amputation of the breast, where the axillary glands were removed, a towel placed under the shoulder was not even wet.
 - 3d. No antiseptic substances are absorbed, and no intoxication is possible [sterilized gauze would be even safer].
 - 4th. The duration of operations is shortened, as not so much time is spent in controlling hemorrhage.
 - 5th. Rapid and safe recovery.
- In the ninety cases of the author, he never once observed a fluid around the wound. The temperature never arose above 100.4. There is no secretion from the wound, so that only one change of dressing is necessary, to remove the stitches. The patients are not prostrated even after larger operations, such as excision of the breast and axillary glands, and can be up and about as soon as the effects of the anesthetic are past.
- 6th. Great convenience of the method. Instead of big bottles, unreliable dishes and fluids, as are met with in country practice, well packed gauze may be carried along in a small tin or glass vessel, thus simplifying matters greatly for the general practitioner.
 - 7th. The hands of the surgeon are not harmed or roughened, which is a great comfort. The author reports ninety cases, nearly all of which were major operations, such as amputations, resections, laparotomies, extirpations of tumors, osteotomies, plastic operations on the nerves, etc.

The New Antiseptic.—Sir Joseph Lister, after a long series of experiments to find some substance less irritating and toxic than bichloride of mercury, feels warranted in recommending the double cyanide of mercury and zinc, as a substance worthy of their adoption. This salt requires three hundred parts of blood serum to dissolve it, and if present in the gauze in the proportion of only three per cent., blood serum may soak through without washing all the ingredients out. It is, therefore, well stored up in the dressings, and does not dissolve to act as an irritant poison, as in the case of corrosive sublimate. Prof. Lister has used this new antiseptic in his hospital practice at King's College Hospital for more than a year, and now endorses it thoroughly. It was my pleasure during last summer to visit the wards of this hospital with Prof. Lister, and to see the action of this new antiseptic gauze, which was very satisfactory, the cases all doing well under its use.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 526 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 72 William Street, N. Y.

NEW YORK, MARCH, 1890.

THE WAR OF THE NEW YORK COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

WE GIVE, in the present issue of the TIMES, the second chapter of the War of the New York County Homœopathic Medical Society. The first chapter, which detailed a carefully organized attack upon the medical staff of a great hospital, unmasked an amount of professional shams and false pretense of which the public had no idea, and terminated in a crushing defeat with a stinging but dignified rebuke from the city authorities for its impertinent charges against them, and its insolent and arbitrary assumption of authority unparalleled in the history of the Department.

The next chapter opened with a personal attack. Charges were made, which are detailed and answered in Drs. Guernsey and Rankin's defence. The trial itself, for which a special meeting of the society was called, was such a parody on justice and decency as we trust will never again be seen in the profession. Dr. Guernsey was suffering from a cold, and being physically unable to read his defence requested it might be read by his friend and counsel Mr. Clarke. This was refused again and again and again, until Dr. Guernsey declared it should be read by Mr. Clarke or not at all, when permission was reluctantly granted, but only on condition he should confine himself entirely to the manuscript. After the reading, Mr. Peckham arose and reiterated the charges without any regard to the facts clearly established by the defence, and was followed by others with the

same disregard of truth and the same manifestation of venom. It will be noticed the counsel for the society could speak as he chose, but no such privilege was given to Mr. Clarke who, when he arose to answer a question proposed by Mr. Peckham, was silenced by the president. The society was called together to convict, and though not one single word was proved to have been uttered by Drs. Guernsey or Rankin derogatory to homœopathy, and the charges were shown to be clearly puerile or malicious, at the snap of the whip of the young men who were engineering the attack, the society wheeled into line and, as one of the papers say, passed the resolutions with a whoop.

It was evident every thing was prepared for the one issue, not only from the remarks made after the defence, but from the fact that the resolution of censure was included in the sealed envelope as a recommendation and finally passed as it was originally written before a single word of the defence had been given. An intelligent public and the profession outside of the influence of this society will form its own conclusions as to which will be most disgraced by the course pursued, the society or the men they censured.

The readers of the TIMES will probably take the editorials of the TIMES themselves and contrast their freedom from personalities, their dispassionate discussion of general principles, with the garbled statements of our accusers, the misrepresentation, slander and abuse found not only in these charges but which have been poured out as through a conduit through the *North American Journal of Homœopathy* during the past few years. This abuse has been so vituperative, so malicious, that it has been unnoticed by the TIMES, which does not fight with such weapons, and we only refer to it now in this connection. The *North American Journal of Homœopathy* is owned by a club of physicians, which has the power to elect its editor, and the responsibility of much of the scandal created by that journal rests upon them.

The TIMES, as our readers will witness, has been careful to avoid personalities in the past and will continue to do so in the future. The policy, which would be for the best interests of the profession and the world, should always be discussed without ill-feeling and without harsh personalities. Such has always been the course of the TIMES. We regret the necessity of writing these two chapters of history detailing the action of the medical society which, as stated by one of our most prominent physicians, "is most detrimental to the interests of the Homœopathic School, if not suicidal."

ANSWER OF DR. GUERNSEY TO CHARGES SERVED UPON HIM BY THE COMMITTEE OF LEGISLATION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

February 10, 1890.

First.

IF said charges are intended to be made the basis for a vote of censure or of expulsion, I deny the right of the society either to censure or expel.

There is absolutely no machinery provided in the constitution or by-laws for either censure or expulsion, and no offences established calling for such punishment.

A member of a society can only be disciplined in accordance with the provisions of the constitution and by-laws of the society, general in their nature, established prior to the offence, and in harmony with what has been well termed the "principles of natural justice."

If, then, there are no provisions for such discipline, either, first, the society did not contemplate the exercise of any such power; or, second, it failed adequately to provide for its exercise; and hence in either case it is powerless to act.

The only provisions bearing upon the question are the following:

ARTICLE V. OF THE CONSTITUTION.

Of the Censors.

"This committee shall also take cognizance of overt breaches of the Code of Ethics of the society, shall receive notice from members of such breaches under seal and in confidence, shall call the attention of members charged with the offence to the fact of such charge, and if deemed worthy of further consideration, shall lay the entire matter before the 'Committee on Legislation.'"

ARTICLE VIII. OF THE BY-LAWS.

Special Committees.

"It shall be the duty of the Committee on Legislation to act in accordance with the requirements indicated in the last clause of Article V. of the Constitution and in Article XI. of the By-Laws."

ARTICLE XI.

Charges Preferred Against Members.

"Any member wishing to prefer charges against a fellow-member which would render the member so accused liable to be censured by or expelled from the society, shall present such charges in writing to the Chairman of the Committee on Legislation, who shall convoke his committee at the earliest opportunity, citing complainant to appear and produce his evidence. Should the evidence, in the opinion of the committee, sustain the said charges, the chairman shall formally present the complaint, together with the evidence, to the society for further consideration at its next regular meeting."

Having provided for charges and their examination, however, the organic law of this body has exhausted itself. What is it "which would render a member liable to censure or expulsion?" There is no answer from the written law. How

shall he be censured or expelled? Shall he have a trial? Is he to be allowed counsel? May he be confronted with the witnesses against him? Has he the right to introduce evidence in his own behalf? What body is to try him? Is the censuring board the Executive Committee, the Censors, the Committee on Legislation, or the society itself? By what vote is he to be censured or expelled? A bare majority of a quorum? A majority of the society? A two-thirds, three-fourths or unanimous vote? At a regular or special meeting? Upon all of these questions, every one of which the accused has a right to have answered, the organic law of this society is absolutely silent.

The only provision anywhere as to getting rid of a member is contained in the by-laws, Article I., "Of Members":

"Section 4. Members who are one year in arrears and who, without reasonable excuse, do not pay within three months after due notification by the treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list."

It will be conceded that the gravest action a society can take is to discipline its members. All associations of which I have any knowledge provide precisely for the offences and the procedure. That this society has not done so is proof conclusive that it did not intend such action. At any rate, not having made provision for any such action, it is now powerless to undertake it. I deny the right of any committee of the society itself to either lawfully censure, expel or otherwise discipline me.

Second.

Having to this time no knowledge of the evidence alleged to have been adduced before the Committee on Legislation, and being in ignorance of its conclusions and recommendations, I can only say that whatever those conclusions may be I have had no opportunity as yet to put in any defence, and if this society proceeds to act upon the report of said committee it must do so in the face of the fact that it is an *ex parte* report made upon evidence, if any, produced in my absence, with no opportunity given to me to even know the charges against me. On the 1st day of February, 1890, I received a letter, as follows:

"January 31, 1890.

"*Dr. Egbert Guernsey:*

"DEAR SIR—Charges having been preferred against you, the committee has appointed the evening of February 5, 1890, at 8 o'clock P. M., at my house, No. 512 Madison Avenue, as the place

and time of receiving such evidence as may be offered. The committee hope you will be present.

"Yours truly, F. E. DOUGHTY,

"Chairman *pro tem.* of the Committee on Legislation of the Homœopathic Med. Society of County of N. Y."

Examining the by-laws of the society I found that the Committee on Legislation had power only to act as a grand jury. Article XI. provides that it shall "cite the *complainant* to appear and produce *his* evidence. Should the evidence, in the opinion of the committee, sustain the said charges, the chairman shall formally present the complaint, together with the evidence, to the society for *further consideration* at its next regular meeting."

I point out, *first*, that this provision gives no power to the committee to cite the *accused* or to take *his* evidence. *Second*, that this was the first intimation that I had received that any charges had been made against me. *Third*, that although charges were then in the hands of the committee, bearing date of January 25, 1890, it did not serve a copy upon me until February 10, 1890, long after its meeting; and, *fourth*, that I did not propose to go before a committee provided, as it turned out, with a lawyer and newspaper reporters especially invited to be present to hear a sensation in regard to charges of which I had never heard. I speak of this lest, possibly, said committee should claim that a fair opportunity had been given me to appear and produce evidence and I had declined to avail myself of the same. I point out, *first*, they had no power to try me then. *Second*, they did not serve me with charges, cite me to be present or give me an opportunity to produce evidence.

In conclusion, they have not yet complied with the by-law, for they did not present the "complaint, together with the evidence, to the society for further consideration at its next regular meeting"—for it can hardly be contended that the handing in of a sealed envelope is the "*presentation* of the complaint, *together* with the evidence."

Third.

Nevertheless, after taking these formal objections, upon which however I insist, I desire to answer the charges themselves; first pointing out that although I am charged with having "violated the Code of Ethics," no section of the said code has been specified. The object of a written charge is, presumably, to state with precision rather than to vaguely generalize, in order that an issue may be raised that can be met straightforwardly, and I submit that the particular provision of the Code of Ethics which I am charged with violating should be specified.

Charge First: That I have stated that the society is an unworthy and dishonest organization, in which I retain my membership for reasons not creditable to the society or myself: the specification thereunder is the *Sun* article of December 14, 1889.

I admit stating to the reporter the substance of the remarks credited to me in the printed report, which is as follows:

"Dr. Guernsey said yesterday that he would reply to the resolution of the County Society when he received it from the commissioners. 'I met Commissioner Porter this afternoon,' said he, 'and told him that whenever the board desired the retirement of the Staff of the Ward's Island Hospital, we would withdraw at once. But we have no idea of going out at the request of an unrepresentative body which has long ceased to voice the real sentiment of the New School physicians in New York. I retain my membership in the society because I believe in maintaining all our organizations as a school. I would not weaken or abandon one of them. I and my friends contend simply for honesty and consistency of profession and practice. We are not any of us homœopaths strictly speaking; so why deceive our patients and adherents by claiming to be what we are not.'"

I stand by every word of that statement. I leave it to the society to say whether that is warrant for the charge that I said "it is an unworthy and dishonest organization." It should be remembered that this was said in regard to controversy over the Ward's Island Hospital, when certain members of this society were making an attack upon me and upon the board. As to the statement that "I and my friends contend simply for honesty and consistency of profession and practice," it simply brings up the old question of the meaning of the word "homœopath." If a difference of opinion as to the proper definition of the word, if a difference of opinion as to the best policy to pursue for the highest interests of medical science, is to render one liable to censure and expulsion by a society which was itself organized as a protest and a revolt against high-handed bigotry, dogmatism and ostracism, I should be glad to have the world know it. Whether it is not creditable to the society or to myself to retain my membership in the society, "because I believe in maintaining all our organizations as a school, and would not weaken or abandon one of them," I leave to the society without comment. Further, of what section of the Medical Code is this a violation? What provision therein gives this body power to discipline me?

The further specification under this charge as to "various utterances in various newspapers and to various persons," is so vague as not to require any answer. No such pleading as this would have been allowed under any form of constitutional government subsequent to the Inquisition.

Charge Second and its specification is based upon an article of the *Evening Post* of Dec. 12, 1889.

"That the principles of your society are based not upon truth but upon misrepresentation and falsehood."

This charge is completely answered by the affidavit annexed of Thomas J. G. Pugh, the reporter who took the statement in question.

STATE OF NEW YORK, }
CITY AND COUNTY OF NEW YORK, } ss.:

Thomas J. G. Pugh, being duly sworn, deposes and says: That he is a reporter on the *Evening Post* newspaper, published in the city of New York; that he had the interview with and took the statement of Dr. Egbert Guernsey, published in said *Evening Post* under date of December 12, 1889; that by a mistake in the composing rooms of said paper in making up the form, the article became mixed, so that a part of the printed report of said interview reads: "Certain members of the New York County Homœopathic Society are antagonistic to the editors of the New York MEDICAL TIMES, for the position they take in regard to homœopathy. The latter believe, as do ninety-nine one-hundredths of the entire homœopathic school that the principle of *similia* is not—Homœopathic Medical Society has been based not upon truth, but upon misrepresentation and falsehood;" while, as matter of fact, what was said and written was, as appears by the matter, emptied out of place, thirty-three lines further down the column; "The latter believe, as do ninety-nine one-hundredths of the entire homœopathic school, that the principle of *similia* is not the only dogma in practice, and notwithstanding they recognize its great importance in scientific therapeutics, they use freely every principle which has been shown to be of avail in the use of suffering humanity," etc.

The words first quoted, "Homœopathic Medical Society has been based not upon truth but upon misrepresentation and falsehood" should come in after the eighty-second line, making the sentence read as follows: "The antagonism which has been raised against the MEDICAL TIMES and its editors by members of the New York County Homœopathic Medical Society has been based not upon truth but upon misrepresentation and falsehood." Again, the paragraph commencing "With reference to the charge that no reports of vacancies in the Medical Board of the Homœopathic Hospital on Ward's Island have been made to the County Society, you may say," should then go on—not as in the text as published, "the only dogma in practice," etc., but at thirty lines below and read on: "That we are simply following the rule observed in all the medical boards of all the hospitals controlled by the Commissioners of Charities and Corrections, by sending nominations made in open board to the commissioners for their action," etc.

So that if any charge against Dr. Guernsey is based upon the misprint of the report of his remarks to me, it is erroneous. He did not say, as would appear by the printed report that the "principle of *similia* is based not upon truth, but upon misrepresentation and falsehood"—but that the "antagonism which has been raised against the MEDICAL TIMES and its editors," etc., was so based. I attach to this affidavit a copy of the article referred to, marked A, for further reference.

Briefly, the whole trouble arose through the lines of type, from fifty-four to eighty-two (as printed), both inclusive, being emptied where they appear in the printed newspaper instead of after the twentieth line.

Sworn to before me this 18th } THOMAS J. G. PUGH.
day of February, 1890. }

H. C. WOOD,
Notary Public,
Kings Co.

The charge is based on so palpable a mistake of the types as to seriously call in question, if not the good faith of the complainants, certainly their intelligence. No one, it would seem, competent to conduct the ordinary affairs of life, unless blinded by zealous rage, would have based such a charge upon such a specification.

The latter part of the said specification is affected with the same vice of vagueness as the first, and receives the same answer.

Charge Third: That I have made and published wrongful and malicious attacks upon Dr. T. F. Allen. Specification, the article in the MEDICAL TIMES of January, 1890, accusing Dr. Allen of a "cowardly, atrocious and malicious lie."

I deny that I have published a "wrongful and malicious" attack upon Dr. Allen. I admit that I published the words charged. They were the truthful expression of the fact. I do not palliate or excuse one word of what I published. The full text is as follows:

"Once, and once only, has any request ever been made by the society to us (the Medical Board of the hospital) for information in regards to our proceedings, and that was after T. F. Allen had introduced a motion at the American Institute of Homœopathy "that the MEDICAL TIMES, on account of its *persistent opposition* to homœopathy, be struck from the list of journals recommended by the institute." This cowardly, atrocious and malicious lie against the senior editor of the TIMES, who was also the president of the board, excited the indignation of the Medical Board, and they refused to permit a report of the hospital to be sent to the institute."

My words properly characterized Dr. Allen's motion and action.

What section of the Code of Ethics have I violated? What jurisdiction has this society on this matter? If I have published "a wrongful and malicious attack" upon any one, surely the courts of this State are open. Will this society take cognizance of such a matter as between two men? A publication made, not at a meeting of the society, but openly to the world? The dignity of the society should require that outside personal controversies should be relegated to the public tribunals established by law to remedy whatever wrongs may have been suffered.

2d Specification. The article in the MEDICAL TIMES of February, 1886, wrongfully accusing the emeritus professor of a homœopathic institution of having obtained his title as a reward for wire-pulling and party scheming, thus tending to degrade many members of your society specifically and the entire body of your society generally.

The article referred to was entitled "Let every tub stand on its own bottom."

I point out, *first*, that this article is four years old, and if it is to be considered as a libel, the statute of limitations—which provides that for such a cause the action must be brought within two years—has run. Of course, I am aware that there is nothing *legal* about these proceedings; but if the injured parties have been quiet for twice the period that the law says a man must be liable for his published utterances, it strikes me this body could well dismiss the charge on the ground of no damage proven. *Second*, there is not a word in the article about any "homœopathic institution," which seems to be the gravamen of the charge. The article is general in its character; and if the facts there stated are true, I submit the comment was proper. I ask whether the sober, second thought of this body believes so severe a punishment as censure or expulsion should be visited upon the editor of a public journal for such a general criticism. Whether, in addition to the pains and penalties of the laws of this State, an editor should be subjected to a private, or quasi private, inquisition upon his published criticisms of public institutions. I further point out that Article V, Part II, Section of the Code of Medical Ethics, provides: "Medicine is a liberal profession, and those admitted into its ranks should base their expectation of success upon the extent of their qualifications, *not upon intrigue or artifice.*"

As to the third specification, of divers personal attacks in said *MEDICAL TIMES* and elsewhere, in writing and orally, accusing all or nearly all of your society of deceit, dishonesty and wrongdoing, I make the same answer of intolerable vagueness which does not call for an answer. The statement is, however, absolutely false, and not one word has been or can be found to substantiate it.

Charge Fourth: That I have on various occasions made and published statements that all those who called themselves homœopathic physicians are dishonest and deceitful, thus unjustly reflecting upon all the members of your society and many others.

The first article referred to in the specification is in the *MEDICAL TIMES* of October, 1886.

[The editorial is entitled "Professional Shams," and, notwithstanding it was included in my defence, it is too long to reproduce here. Those of our readers who have the file of the *TIMES* will find it in this connection of interest.]

This article is four years old, is general in its character, and without a single personal allusion. Its sentiments I here and now repeat and endorse,

and if any body of medical practitioners deem it cause for discipline I am quite willing to go before the country upon this issue. If public medical journals may not advocate honesty in professional conduct it is high time the public knew it; if such sentiments as the following may not be written and published I am quite willing to be disciplined to point the moral.

"Again let us say, that for differences of opinion, honestly held, there can be no words of condemnation; but the man who has not the courage of his opinion, the man who does not dare to throw aside his professional shams, who is dishonest with himself, and therefore dishonest with others, who does not love truth for truth's sake, but rather for what it will yield, merits the contempt of honest folk, and has by his own acts ostracised himself from their numbers."

Second. The article in the *MEDICAL TIMES* of September, 1887, is entitled "Discord in the Profession." (This also was read in my defence, but is omitted here on account of its length. We direct the attention of our readers to the back numbers of the *TIMES*).

Remembering that the charge is that I said that "all who called themselves homœopathic physicians are dishonest and deceitful," what support does this article give to it? There is no word in it about honesty or deceit, or people who called themselves homœopathic physicians. As will be seen, it is in the line perhaps of the same discussion as to the meaning of the word homœopath. I deprecated the use of the term homœopathic as applied to a great national hospital to be a "Smithsonian Institute in Medicine," upon the ground that, strictly speaking, homœopathy was a specialty in therapeutics and not a system of medicine. But is this any warrant for the specific charge made against me?

Third. The article in the *MEDICAL TIMES* January, 1888, is entitled "Dr. Neidhard's Criticism."

Is there one word in that article in any way supporting the charge? It is well to remember that I am accused of *specific offences*. If the evidence does not bear out the charge as made, does the society propose to convict on general principles?

Fourth. The article in the *MEDICAL TIMES* of August, 1889, is an editorial reviewing President Helmuth's address before the American Institute of Homœopathy.

Here at last by a far-fetched construction some support may be wrenched from the article to support the charge in the following paragraph:

"The question is, if, while believing as we do in the principle of *similia* as the keynote of a scientific therapeutics

we deny its universality as a law of cure, and freely utilize the dogmas of all schools and the facts and experiences gathered by all workers in the great field of medical science, we can legally or honestly call ourselves homœopathic physicians."

Very well, the society will note that this article winds up with the respectful suggestion that the next President of the American Institute recommend in his address the appointment of a committee to take this vital question into careful consideration—that is to say, the adoption of the term "New School." Now, then, does this society propose to discipline its members if they undertake any discussion of so important a matter as this? While still believing in the great doctrine of *similia*, may not an editor discuss in this age the expediency of a sectarian name and be at liberty to suggest a change without being put to the bar of the society and charged with high crimes and misdemeanors? Is the medical profession so hidebound to creed and dogma that it can not stand discussion, while a great church, founded upon fundamental confessions and catechisms, is permitting and encouraging discussion, debate and action in every presbytery in the country upon the foundations of a religious faith dating from Calvin?

And yet medicine is one of the so-called liberal professions!

CONCLUSION.

I am a senior member of the American Institute of Homœopathy, dating from 1848.

I was president of this society as far back as 1864.

I was president of the State society in 1878.

My belief and practice in medicine should be well known. Lest any one should have doubts upon the subject, it is well formulated in the resolutions of the Medical Board of the Ward's Island Hospital, of which I am president—passed January 2, 1890.

Resolved, That in the opinion of this board the only requirement as to belief and practice of a physician should be as follows: "That in common with other existing associations which have for their object, investigations and other labors which may contribute to the promotion of medical science, we hereby declare that we firmly believe the principle *similia similibus curantur*, to constitute the best general guide in the selection of remedies, and that we fully intend to carry out this principle to the best of our ability, yet this belief should not deter us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any

therapeutic fact founded on experiments and verified by experience so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

A writer in the *New York Daily Times* has said, in commenting on this resolution: "Any physician who pretends to be a stricter homœopapist than this, raises a question either as to his honesty or as to his sense."

It will be noted that many of these charges and specifications are for alleged offences years old, and yet this society, as late as December 18, 1889, added my name to the list of those recommended by the society to the Commissioners of Charities and Correction for service on the Medical Board of the Ward's Island Hospital, with only three negative votes.

In view of the articles published by me in the *MEDICAL TIMES*, which have been made the basis of charges against me, the resolution previously quoted, embodying my belief and practice and my well-known opinions, all of which I hereby reaffirm, I desire to quote in my defense certain provisions of the Code of Medical Ethics as my authority and justification for all I have asserted. This code, bear in mind, was made by a body of physicians who had erected a school of medicine, having been driven to it by the position of the Old School. They took as the corner stone of their edifice, "Liberality." Now if this is to give place to the very faults of arrogance, dogmatism and illiberality against which they protested in the past, what a sad commentary on human nature!

The severest charge brought against the Puritans of New England, was that having fled to a new country to exercise the right of liberty of conscience, when they had established a community they out-Heroded Herod in fierce denial of the right of all freedom of conscience. Is there to be a parallel in the medical profession?

CODE OF ETHICS.

FUNDAMENTAL PRINCIPLES.

The great principles upon which medical ethics are based are these:

1. The great end and object of the physician's efforts should be: "The greatest good to the patient."

PART II, ARTICLE I, SEC. IV.

* * * It is the duty of the physician to avail himself of every opportunity to observe the action and study the properties of new or secret remedies, and new processes of preparing medicines, as well as new modes of treating diseases and to subject them to the analysis of scientific investigation. For the physician should always bear in mind that the great object of his profession is to cure the sick, and that it is not only admissible, but his solemn duty to investigate thoroughly and without prejudice whatever offers any probability of adding to his knowledge of the art and means of curing, and of thus enriching the science of medicine.

ARTICLE IV, PART I, SECTION I.

No tests of orthodoxy in medical practice should be applied to limit the freedom of consultations. Medicine is a progressive science. Its history shows that what is heresy in one century may and probably will be orthodoxy in the next. No greater misfortune can befall the medical profession than the action of an influential association or academy establishing a creed or standard of orthodoxy or "regularity" (as for instance the dogma, creed or standard of "regularity." The definition "*Homœopathic Physician*," a member of the New York County Homœopathic Society). It will be fatal to freedom and progress in opinion and practice. On the other hand, nothing will so stimulate the healthy growth of the profession, both in scientific strength and in the honorable estimation of the public, as the universal and sincere adoption of a platform which shall recognize and guarantee:

1. A truly fraternal good-will and fellowship among all who devote themselves to the care of the sick.
2. A thorough and complete knowledge, however obtained, of all the direct and collateral branches of medical science, as it exists in all sects and schools of medicine, as the essential qualification of a physician.
3. Perfect freedom of opinion and practice, as the unquestionable prerogative of the practitioner, who is the sole judge of what is the best mode of treatment in each case of sickness intrusted to his care. (Is not this in spirit and almost in *ipsissimis verbis* the language of the resolution of the Medical Board of the Ward's Island Hospital, already quoted?)

ARTICLE V, PART II, SEC. I.

Medicine is a liberal profession, and those admitted into its ranks should base their expectations of success upon the extent of their qualifications, not upon intrigue or artifice. * * *

Liberality and true generous fraternity in thought, word and deed will unite the interests of all members of the profession, and will so exalt the estimation in which it is held in the community that, confidence being increased, business will likewise increase.

PART III, ARTICLE II, SEC. I.

The benefit accruing to the public directly and indirectly from the action and constant labors and beneficence of the medical profession are so numerous and important, that physicians are justly entitled to the utmost consideration from the community. The public ought likewise to entertain a just appreciation of the proper qualifications of a practitioner of medicine; to make a due discrimination between science and the assumptions of ignorance and empiricism, to afford every encouragement and facility for the acquisition of medical education, and not to allow the provisions of their statute books or of the prospectus of their chartered institutions to in-erpose any obstacles to the attainment of the fullest knowledge of every branch of medical science, or in any way to restrain the utmost freedom of thought, investigation and action in matters appertaining to the practice of medicine.

It is upon the foregoing provisions of the Code of Medical Ethics that I base my utterances, my belief and my practice.

Let me point out that from the first section of the code to the last the word homœopathy nowhere appears. How, then, can it be made to appear that the advocacy of the dropping of this word from the title of our schools, hospitals and societies, while still advocating the vital principle involved therein, makes an offence against the code, every line of which breathes the widest liberality!

To sum up, then: I deny the power of this society to discipline me. I assert that no such power is contemplated in its organic law or machinery, provided therefor. If, nevertheless, it be held there is such power, I assert no trial has been granted me; that the proceedings thus far have been Star Chamber in their character. I further deny that I have committed any offence against the Code of Ethics, a violation of which alone, by the farthest stretch of power, comes within the jurisdiction of this society.

EGBERT GUERNSEY, M. D.

NEW YORK, February 21st, 1890.

ANSWER OF E. GUERNSEY RANKIN, M.D., TO CHARGES SERVED UPON HIM, BY THE COMMITTEE OF LEGISLATION N. Y. CO. HOM. MED. SOCIETY, FEBRUARY 10, 1890.

MY answer to the illegality of the proceedings of the N. Y. Co. Hom. Med. Society is the same as that stated in the commencement of Dr. Guernsey's defence.

The letter referred to in the following was written at the time of the attack of the society upon the Medical Board of the Ward's Island Hospital, when its resolution recommending the disbanding of the board appeared in the daily papers.

The charges against me are as follows:

Charge First—That said Dr. Rankin on or about Dec. 14, 1889, wrongfully accused your society of "having fallen into disrepute" and of indulging in unprofessional proceedings and of "grossest misrepresentations."

Charge Second—That said Dr. Rankin has wrongfully stated on various occasions that the members of your society are not homœopathic physicians and are guilty of unprofessional and dishonest practices.

Charge Third—That said Dr. Rankin has on various persons on various occasions made utterances tending to degrade your society and its members without any right and contrary to the "fraternal good fellowship" inculcated by the code.

The signatures to these charges are the same as to the charges against Dr. Guernsey.

Charge First. This charge is based upon my letter of December 14 to the New York Times. The first specification alleges that I accused the society with "having fallen into disrepute." The said letter reads as follows: "That the society has fallen into such disrepute among many members of the homœopathic profession of this city that they have ceased to attend its meetings or to attach much importance to its transactions." Thus it will at once be seen that the charge of the complainants is not only false, but based upon a willful misquotation. That the society has fallen into disrepute among many members of the homœopathic profession, who do

not attend its meetings or attach much importance to its transactions is, proved, first, by a comparison of the usual attendance at meetings with the full number of its membership, 192. At the meeting held December 12, 1889, at which the resolution requesting the Commissioners of Charities and Correction to disband the Medical Board of the Ward's Island Hospital, only 44 were present. At the special meeting, held December 18, to consider the same matter, nearly 25 per cent. or less than half the membership was present. Again this assertion is shown to be true from the fact that there are only 192 members in the society, whereas, according to the Chairman of Public Institutions for 1889, there are over 400 homœopathic physicians in this city.

In the third place, I could were I so disposed cite the names of certain homœopathic physicians, members of this society, who have spoken disparagingly of it and its transactions and seldom attend its meetings, yet who, from a feeling of loyalty to the homœopathic profession, still continue within its membership. Such statements and assertions, however, were uttered in private conversation and were not intended to be repeated publicly.

I am charged again in stating in the said letter of December 14th to the *New York Times* with accusing the society with "*indulging in unprofessional proceedings.*" This charge is true, for so the said letter reads. My grounds for such a statement are as follows:

The society passed a resolution, December 12th, recommending the Commissioners of Charities and Correction to disband the Medical Board of the Homœopathic Hospital on Ward's Island, and to replace the same with a new Board, giving a list of the same, which it presented to the Commissioners, together with the resolution requesting the removal of said Board. *My name was omitted from the list.* The list was published in the *New York Times*, December 13, 1889. Thus I found that the society had publicly recommended that my name should be dropped from one of the public hospitals of the city. As a member of the said society in good standing, against whom no charges had been made, and as a member of said Medical Board for the last five years, what right had this society to offer me such an insult? What right again has this society to recommend the removal from a public hospital of any physician in good and regular standing, practicing according to the laws of the county and State? Can such action be deemed otherwise than unprofessional?

In the next place, I am accused of saying in the

same letter that this "*society was guilty of the grossest misrepresentations.*" The complainants here again are guilty of the very act of which they charge me. My letter reads as follows: "*No one familiar with the circumstances could for a moment believe that the unprofessional proceedings of the N. Y. Co. Hom. Med. Society are based upon any but the grossest misrepresentations.*" I will call attention to the fact that my statement was to the effect that the society's proceedings were based upon misrepresentations, which is a different matter from saying it was guilty of such. Is not the animus of the complainants evidenced by such unwarrantable garbling of the facts in order to manufacture an offence?

The statements which I characterize as "the grossest misrepresentations," are as follows:

(a) *That membership in this society was a test of a physician's intention of following homœopathic principles.* See *New York Times*, December 13, in which the present Chairman of the Committee on Legislation of this society says that, "whether or not they (that is homœopathic physicians) intended to follow homœopathic principles was determined by their belonging or not to a homœopathic society. Again, by the same that the law of 1813 was still in force, that law I claim is nullified and absorbed by that of 1880 and 1887. Again, by the same, "that if a physician did not belong to a homœopathic society, it was good evidence he was not a homœopathist." These statements I qualify as misleading and without precedent.*

(b) *That the hospital was granted to the school through this society.* This is only part of the truth; the whole truth is that the movement for the hospital originated with Dr. E. Guernsey, and the society simply co-operated. See the following statement of Dr. Guernsey from the *Evening Post*:

"Some years ago the ladies of the homœopathic school in this city were working night and day for money to be used for a homœopathic hospital. They held fairs and raised money in various ways, which was afterwards given to the Hahnemann Hospital. Shortly afterwards I was at a monthly meeting of the Union League Club, and when I spoke of the subject to Jackson S. Schultz, he asked me why the ladies were allowed to work so hard in getting up a hospital, when the Commissioners of Charities and Correction would cheerfully give the homœopaths one of the city hospitals, as they had a right to practice there as well as the allopaths. I asked him what I should do, and he told me to draw up a petition. I did so, had a number of copies printed the next day, and went with them to Dr. Hills, secretary of the county society, whom I did not then know, and asked him to aid me. The petition was sent to

* These statements are also contrary to the code which prohibits any test of orthodoxy. See Code of Ethics, Part II., Sec. IV., quoted in Dr. Guernsey's defence page 378.

all the homœopathic physicians in town, whether they were members of the county society or not. In three days I had the signatures of owners of property to the amount of \$403,000,000. After this had been done, Dr. Hills reported it to the society and they appointed a committee, consisting of Drs. White, Hills, Paine, Minor and Guernsey, to look after homœopathic interests. That was all the work the society did."

(c) *That the appointment of new members on the staff of the hospital was more or less influenced by certain members of the board.* See the following statement in the reply of the Committee on Public Institutions for 1889 to the letter of November 7, 1889, from the Commissioners of Charities and Correction:

"There is a question also in the mind of the society whether your board, in acting upon nominations of the Medical Board, have any other guide than its recommendation in deciding upon the eligibility of its candidates," etc.

(d) *That some of the members of the Hospital Board were hostile to homœopathy, and were trying to change the management of the said hospital.* See remarks of the present Chairman of the Committee on Legislation, N. Y. Times, December 13, 1889, as follows:

"That the President and Secretary (i. e., of the Hospital Board) were endeavoring to bring about a union of the homœopathic and allopathic schools, and were willing to abandon a vital principle of homœopathy in order to accomplish this union."

(e) *That there are members of the Hospital Staff who have not complied with the laws of the State* (see letter of Committee on Public Institutions just mentioned). This I deny, if such were the case why does not the society prosecute said individuals?

All the above statements, which were given as ground for the course adopted by the society in the Ward's Island matter, I characterized, I think very truly, as the grossest misrepresentations, and think many members of the society believing such false statements to be true voted as they did.

As to charges second and third, as no specifications are furnished, there is nothing I am called upon to answer.

Further, even if guilty of the offences charged, does this society undertake the censorship and control of private conversations. For at the worst nothing else is charged. In Russia no man is allowed to criticise the Czar or the Government under penalty of Siberian exile or imprisonment. Is there something so sacred about this society that it undertakes an inquisition into the private conversations of members to find ground for the banishment into outer darkness—to wit, expulsion from it?

I say here and now in the language of the third charge against me that nothing will so "tend to degrade your society and its members" as the publication and trial of such puerile charges as these brought against me. Nothing will so tend to hold its name and fame up to public ridicule as to have it known that this society brings a charge against a man of such a nature as the second and third herein—not to speak of the first—without a single specification, and gravely undertakes to pass in judgment upon some private conversation without letting him know what it is, with whom and when, to the effect that the members of your society are not homœopathic physicians!

To sum up: I deny the power of the society to try me. I assert that I have had no trial. I affirm that I have committed no offence against the Code of Medical Ethics which, if the society had the power to try me, would render me subject to its discipline.

EGBERT GUERNSEY RANKIN, M. D.
NEW YORK, February 21st, 1890.

The resolution to censure was, of course, passed as it was originally arranged by the leaders, the rank and file duly falling into line; nothing else could have been expected. The presentation of the defence, therefore, was an empty form as far as the society went, for it had apparently determined to censure, regardless of everything! Nowhere, it will be seen by an investigation of the so-called specifications, have any statements been made by Dr. Guernsey and Dr. Rankin derogatory to homœopathy or the homœopathic profession.

In short, whether the society's proceedings of February 21st were not only based upon misrepresentation, but also upon the most willful and malicious disregard for fairplay and common justice, calling into question the intelligence as well as the integrity of the complainants, we will, without comment, leave the statement of these facts to decide.

The terrible edict of censure is as follows:

"That the society deny that the society and its members, or the homœopathic profession generally, are deserving of the terms 'deceitful,' 'dishonest,' 'rogues,' 'men who barter their honor for gold,' 'quackery,' and the other phrases applied by Dr. Guernsey to this society and its members, and to the homœopathic profession, and that Drs. Guernsey and Rankin are censured for using such language towards members of a society and a profession in which society and profession the accused insist upon retaining membership."

If the society are particularly desirous of passing a resolution that "they are not rogues, deceitful, dishonest, men who barter their honor for gold," they are at perfect liberty to do so; but

when they assert that either Dr. Guernsey or Dr. Rankin used those expressions towards the society or the homœopathic profession they make a reckless assertion which they can not prove, and which is most emphatically denied.

WHERE RESTS THE RESPONSIBILITY?

AT the annual meeting of the Homœopathic Medical Society of the State of New York the usual amount of routine business was transacted; bureaus reported and papers were read of more or less interest; but the subject which dominated every other, which occupied a large portion of President Dayfoot's address and called forth a lengthy report from Dr. Paine, was the question of a State Board of Medical Examiners. The formation of three separate boards, one for each school, seemed to many so important that in their opinion the fate of the homœopathic school, as a school, rested in a great measure upon the success of the plan. The plan proposed by the Old School, that of a single board, made up of representatives of the Old School, the homœopathic and the eclectic schools, under their distinct sectarian names, in which the former shall have the majority, is so manifestly unjust and so liable to abuse and never-ending contests, that we do not believe it has the slightest chance of becoming a law. The bill proposed by the homœopaths and the eclectics, or at any rate the representatives of their State and county societies, which do not by any means, so far as numbers are concerned, represent the majority of practising physicians in their schools in the State, is in our opinion so manifestly absurd, looking more to the perpetuation of schools of medicine by legal enactments than for the interest and protection of the public, that we can not conceive the slightest probability of its becoming a law. What possible protection to the public could arise from boards of examiners made up of partisans of each distinct school, and where is the division and sub-division of schools, each with its separate board of examiners, with the power to grant license to practise medicine, to end? Are these acts of legislation intended by their supporters for the benefit of the profession, of the public, or of both? We do not believe a solution of this question can ever be reached from a partisan standpoint, and there is no question but that is the position maintained by all of the schools in question, each of which is determined to protect what it considers its own interest, no matter whether that of the public is conserved or not. It seems to us an act could be framed and receive legislative sanction which

would be just in every respect, and protect alike the profession in all its just demands and the public.

Through the well-directed efforts of Dr. William H. Watson, one of the Regents of the University of the State of New York, and with the cordial endorsement of his colleagues in the university, a law was passed one year ago, and is now in active force, requiring every student on entering a medical college to either present a diploma or certificate from a literary college or academy, or pass an examination before a committee appointed by the university in the elementary branches of a good English education. This law, conceived in that spirit of wisdom looking to the best interests of the entire community, protects the public and the profession to a certain extent, by securing a higher educational standard as a preliminary step to the entrance upon a course of studies which requires, more than any other, clearness of intellect and well-trained thought. This act of the Legislature, although a very important one, fails to accomplish all the good which might be obtained if it were supplemented by one which would place the final examination of the student, before he enters upon the active duties of his profession, in the hands of the same authority which decided upon his fitness to enter upon his medical studies.

Is there not sufficient patriotism, sufficient love for the interests of the entire community, sufficient zeal for the well-being of humanity in this whole State, to frame an act in the interests of all, for the better protection of the public, in which all feeling of partisanship shall disappear in the one absorbing interest for the advancement of our profession in scientific and practical work, and the good it can accomplish in relieving and preventing suffering and decay? This end can never be reached in a partisan spirit, but it can be reached if the same test of examination is applied to all, under the direction of the same authority which directed the preliminary examination; and while that test should include an intimate knowledge of the anatomical and physiological structures of the human system, surgery, obstetrics, chemistry and physics, in their relation to the work of our profession, and the preparation and physiological action of remedial agents, their application should be left to the judgment of the mind trained by study and observation in the line of his profession.

A plan like this, not including the question of therapeutics in the examinations, except so far as those general principles are concerned with which every physician should be familiar, would prevent any possible clashing of schools, and bring the

whole profession more in *rapport* with each other; and if a provision was made that the examiners should have no knowledge of either the name or the school from which the student graduated, there could be no possible chance of unjust discrimination. If our friend, Dr. Watson, would supplement the bill which, through his instrumentality, last winter became a law, guarding the entrance to our medical colleges, with one which would guard the entrance of the student upon professional life, he would solve the problem which has vexed the leaders of schools so long and earn at least the thanks of the public.

DR. CONRAD WESSELHÆFT'S ADDRESS.

DR. C. WESSELHÆFT delivered an address before the State Homœopathic Medical Society at Albany, February 11th, in which he said:

There are many ways of furthering the interests of the homœopathic school, mentioning three, viz., the consideration of the relation of the school to the state, of its relation to the Old School and of its members toward each other.

The question now uppermost in the minds of the members of this society is, that in regard to the establishment of examining and licensing boards; the need of such boards he said was generally admitted, but this society claims that each school should have a board for itself for the sake of fairness. The experiences regarding the necessity for such boards in Massachusetts was stated, and its failure ascribed to the prevalence of the quack element on the one hand, and, on the other, the conservative attitude of homœopaths who refused to take part as long as they are not recognized or approached in a generous and friendly spirit by the Old School.

Separate boards, said Dr. Wesselhæft, are an expediency tentative and temporary; but necessary only if college diplomas are not deemed sufficient guarantees of proficiency, and as long as the Old School unjustly persists in demanding the abandonment of the title homœopathist.

Aside from this Dr. Wesselhæft asks, "would not separate boards tend to draw the partisan line more closely, and preclude, on the part of applicants, the necessary knowledge of all systems of practice?"

They would also tend to open the door to other boards, he said, should other schools arise as is possible in the future.

To aid in the future approximation of schools, Dr. Wesselhæft suggests certain concessions, viz.: The Old School shall concede the right and title to the homœopathic method, and on the other hand,

the homœopathist shall claim that his law is not universal but is one of several.

The error of the "Old School" in concealing methodically any knowledge of homœopathic practice was emphasized, and he hoped that colleges, pursuing this course in future, would be deemed illegal.

He considered the keynote of the question to be that all applicants should be examined in all systems of practice, and that those of the Old School must in future submit to examination in the homœopathic—failing in which, says Dr. Wesselhæft, we shall be justified in resisting, by every means, all common examination by boards controlled by them.

The closing part of the address related to the higher and more essential means of furthering homœopathic progress, by placing *similia similibus curantur* on an inferior basis by inductive experimental research, in place of the ancient basis of deductive generalization. The pharmacy of the school, he said, needs to be freed from errors leading to mysticism, as illustrated by researches on trituration and dilution, and the limited divisibility of matter.

The homœopathic materia medica was said to be an accumulation of insufficiently assorted observations, which need to be properly sifted by the method of critical analysis, in which considerable work has already been done by Dr. Wesselhæft and others.

No one seems more ready than Dr. Wesselhæft himself to find out the weak points in his own school, and to suggest reasonable ways of avoiding them.

WE are pleased to note that the subject of teaching materia medica and therapeutics upon a basis which shall make it no longer necessary to continue schools with sectarian designation, has received an important impetus from the presidential address of Dr. Lewis, before the recent meeting of the New York State Medical Society.

This subject is receiving much thought upon every hand, and the day is not far distant when the object will be accomplished without doubt, because the leading men in the profession realize its importance.

We are also glad to say that the professor of materia medica, etc., in a leading college of the so-called regular school, is about to issue a work which shall demonstrate the dual action of drugs in such a manner as to enable it to be used for the selection of drugs in either maximum or minimum doses. It will also attempt the individualization

of drugs in such a way as to lead to monopharmacy rather than to polypharmacy.

These two events are most important in showing how rapidly the profession is drifting toward unity, and one which shall not only be alike honorable to all concerned, ethically, but shall improve the practice of medicine by making it more exact in the use of drug indications.

With every medical college in the land teaching the dual action of drugs, as well as the indications which lead to their selection in maximum and in minimum doses, the question as to the composition of state examining boards becomes a simple one, the teaching being uniform, the questions will be uniform also, and the state examination can be made by a non-sectarian single board, appointed by the regents. The regular medical colleges owe their students a knowledge of how to use small doses as well as large ones, and, on the other hand, the so-called homœopathic college must teach its students when and how to apply large doses as well as small ones.

This state of things is now being generally realized, and when this condition shall be brought about, the subject of sectarian designation will be settled at once. The above seems to us a practical solution of the question, "How to break down the barriers between the schools in medicine!"

The writer knows personally hosts of regular physicians who prescribe intelligently small doses of drugs in accordance with strict individualization, and the great majority of homœopathic physicians whom he knows prescribe large doses when indicated, in substantially the same manner as the regular physician! These statements are susceptible of proof if the truth is questioned, by any one who will take the trouble to investigate.

In the light of the above facts, how important it becomes for our teachers to appreciate the situation and meet it in the curriculum of our colleges of every kind, thus hastening that real unity in the profession which will sooner or later come about from natural consequences.

There is no way in which regular medicine can bring into one body all practitioners so soon as by realizing things as they exist, and treating them fairly and justly.

ANNIVERSARY ADDRESS.

IN THE anniversary address before the New York State Medical Society the President, Dr. Daniel Lewis, of New York City, said "that the profession aimed to supply a universal human want, and thereby it secured merited public recognition, and that the medical profession had

secured the meed of favor it now received by an earnest effort to meet such universal demand. Still, in many important particulars the medical profession was not what its devoted disciples deemed worthy of its recorded achievements or prospective conquests. In the many discussions regarding the proper place for medicine among the applied sciences, both physicians and laymen yet characterized it as an inexact science. Many reasons existed why that designation was now unjust. If we accepted the definition of science as a knowledge of duty arranged and referred to general rules and principles on which it was founded, we might certainly class medicine among the seven sciences of the ancients. There could be no science based upon more absolute facts than the circulation of the blood, the functions of the nerve-centers, the delicate chemistry of respiration, and the laws which govern nutrition and the growth of tissue. The science of medicine might be incomplete and the principles underlying it might be modified by vital forces, but so also calculations based on mathematical astronomy were often modified and corrected by the personal equation. One of the chief aims should be to secure proper recognition of scientific exactness, which formed to-day the basis for all successful applications of the healing art. Proper determination of this intimate relation between science and the art of medicine required breadth of mind and habits of deduction, only to be secured through an academic training. Absence of such preliminary training on the part of many contributed largely to the moderate estimate of the dignity belonging to this scientific pursuit. The radical defect was that medical colleges in this state had exacted no requirements from beginners in the study of medicine. The regents of the university, recognizing this defect had recently undertaken its remedy by a somewhat meager examination; still it should be their aim to see even this law enforced in every college in the state. If it was granted that both the theory and practice of medicine were based upon scientific principles, then it became necessary to consider the character of medical schools intrusted with authority to confer degrees and licenses to practice. There remained no substantial excuse for the existence of sectarian schools of medicine. The medical school which was worth being intrusted with the destiny of our professional future, should be broad enough to admit of everything connected with the science and art of medicine which could be utilized for the prevention and treatment of disease. The so-called regular school of medicine placed no restrictions whatever upon the

application or form of remedies to be applied to the treatment of disease, the only test being that experience with regard to effects should be the means employed. There was no animosity on the part of the Old School against the New, but it was claimed that all their new methods and schemes, under whatever names they appeared, should be made to conform to true scientific principles. It was not wise to attempt to crush out homœopathy or the eclectic school, even if it were possible by other means than those indicated, lest we accidentally destroy something really worth preserving. If every school in the land would drop sectarian designation and teach all there was of rational medicine, it would result in great good to suffering humanity and the advancement of true science would be promoted. The accomplishment of this desired unity in medicine could only be secured by a uniform standard of requirements—licenses to practice and the existence of a state board of medical examiners to examine all candidates and grant licenses only to those who should pass the examination, provision being made that the different societies in the state should have due representation on the examining board. There could be no question that there existed medical schools in the country whose standard of requirements was too low for the safety of the public and the welfare of medicine. There was no protection against the men who came from these schools except that from examination, and by insistence that passing of such examination should be made a *sine qua non* for the acquirement of a state license.

It was not desired that such enactment should infringe upon the rights of any one to practice medicine as he or she saw fit, provided he possessed the requisite knowledge. If sectarian schools of medicine were unwilling that their students should be subjected to an impartial, fair, and reasonable examination before a complete and non-sectarian board, they laid themselves open to suspicion of fear of the consequences. This position no school should allow itself to occupy."

THE *Medical Record* is very much troubled because the Middletown Insane Asylum gets a long annual notice in the daily press, and thinks these "notices are in bad taste and do, indirectly, an injustice to other and, in fact, better equipped and conducted state asylums." The editor of the *Record* has evidently never been connected with the daily press or he would have learned, as a matter of news of great interest to the public, it would seize hold of such strong points as a small

death record and a large ratio of cures culled from annual reports for presentation to its readers. If the death record of one of the state asylums is less than any of the others and its ratio of cures greater, the public are not only interested in the fact but interested in the man and his manner of discussing facts, who directs the treatment of the institution. Now, the editor of the *Record* is in a critical mood, will he kindly give the name of any better equipped and conducted state asylum within this state or in the United States than the one at Middletown, and in what this equipment and better management consists. We have not the slightest idea that the daily press have any desire to discriminate between the state institutions except solely on the ground of merit, and it strikes us that the *Record* would be doing much better service in urging all the institutions to a higher standard of excellence, than in pitching stones at Middletown for the superiority which the press is not backward to recognize.

ONE of the most nefarious attempts at blackmailing, in the annals of crime, was a few days ago exposed in open court by the leading witness of the prosecution making a detailed confession of her own perjury and that of the scoundrel who put up the job to save himself from conviction. Dr. J. M. Walker, one of the leading physicians of Denver, respected by all for his integrity and high social and professional standing, was accused of a conspiracy to ruin a young girl. On the third trial he was promptly acquitted by the confession, of her own free will, of the leading witness of the prosecution, and the crime fastened indelibly on the cowardly villain who had hatched the conspiracy.

WE have long been in the habit of using, where indicated in diphtheria, a spray of sulphurous acid, and also sulphur blown upon the membrane through an insufflator with very excellent results. Dr. Burghardt, in a German paper, gives the result of his experience in combining in equal parts quinine and sulphur in a fine powder, and blowing from a grain to a grain and a half through an insufflator upon the diseased part, the adjacent surface and the anterior nares twice a day. For an hour after the application nothing solid or liquid should be taken into the mouth. Since 1882 he has treated thirty-three cases, most of them of a very severe type, all of which recovered, while before he adopted this plan three-fourths of his diphtheritic patients died. He supports the strength during the disease and keeps up the insufflation till after the glandular swellings have subsided.

SURGEON GENERAL MOORE gives notice that the Army Medical Board will be in session in New York City, from May 1st to 31st, for the examination of candidates for appointment in the Medical Corps of the United States Army to fill existing vacancies. Application must be made to the Secretary of War before April, 1890. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, which we suppose means any college holding a state charter. The examinations are so minute and severe that, notwithstanding the large number of students graduating each year, there is difficulty in filling vacancies.

THE inaugural address of Mr. Low, as President of Columbia College, was full of eloquent passages, but none more eloquent and truthful than what should be the practical results of a college course. "It aims," he said, "to develop the cultivated man, the educated gentleman, the man who without being a specialist in anything has been educated enough in all directions to be in sympathy with all learning; the man who knows enough about the past to recognize the value of it and of all experience, but who is not bound down by the past; the man who knows enough about the present to glory in its achievements and its promise, but who never forgets what it means of indebtedness to those who have gone before, to be in the foremost files of time. In a word, it aims to develop the thoughtful and well-informed citizen and to fill him with high aspirations as to his citizenship and his life."

THE Faxon Hospital at Utica, N. Y., is an illustration of the fact that scientific men may conduct their cases under the roof of the same hospital without getting into a fight or thirsting for each others "gore." The management is so unsectarian and liberal that creeds or schools are never brought into question as regards patient and practitioner; and in order to guarantee this liberal government for all future time, an act passed the legislature and was approved by the governor of the state, in 1889, amending the original by-laws of the trustees, so that equal rights and privileges shall *continue* to be extended to all regular qualified physicians under whatever name they practice. Physicians of both schools, for the past twelve years, have been admitted on a perfect equality, and the new amendment to the charter enforces this rule. The Board of Management or "Trustees" is now composed entirely of ladies. The representative physicians of the past year, Drs. George Seymour and M. O. Terry, have

kindly served the hospital in that capacity for several years, and to them and the other physicians who have had patients in the hospital, or who have attended the inmates of the home, the board returns sincere thanks.

WE HAVE received from Dr. Thos. J. Mays, of Philadelphia, a copy of an article entitled, "An Experimental Inquiry into the Chest Movements of the Indian Female," which was contributed by him to the *Therapeutic Gazette*, for May, 1887. His researches into the cause of costal respiration, therefore, antedate those of Dr. J. H. Kellogg, to whom, in our issue of last December, we erroneously gave the credit of having thrown new light upon this subject; moreover, they have a practical value (as bearing upon the prevention of pulmonary disease) which doubly entitles them to recognition.

WE very much doubt if a bill now before the legislature entitled, an "Act for the Prevention of Blindness," is calculated to do very much good. The act provides that every midwife or nurse, who has a case of purulent ophthalmia of infancy, shall be obliged to report it promptly to the local health physician under penalty of fine or imprisonment. There is no doubt the majority of cases of blindness from purulent ophthalmia in infancy could be prevented by proper treatment, but a law which would compel an ignorant midwife or nurse to report every case to a medical officer, would be so seldom carried into effect as to be practically a dead letter. Some other means than legislation should be found to reach the trouble.

BIBLIOGRAPHICAL.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D. Sixth American from the Seventh English Edition. Revised and Enlarged by Stanley Boyd, B. S., F. R. C. S. Illustrated by One Hundred and Sixty-Seven Engravings. Philadelphia: Lea Brothers & Co.

This edition of the popular work of Dr. Green has undergone a careful revision, and so much of it re-written as to bring it fully up to the advanced knowledge of pathological and morbid anatomy of the present day. The repeated editions called for both in Europe and this country is sufficient evidence of the estimation in which the work is held by the profession.

TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1889.

The volume contains the usual amount of society news, and a large number of short and well-prepared papers. From a literary and scientific standpoint the twenty-fourth volume of the Transactions compares well with any of its predecessors.

MONTHLY NURSING. By A. Worcester, A. M., M. D. New York: D. Appleton & Co., 1890.

This little volume is one of the most complete treatises of the kind we have seen. Mothers and nurses will find it invaluable.

CORRESPONDENCE.

A REJOINDER.

Messrs. Editors.—One of the most valuable and meritorious facts connected with your journal is the important one that your pages are always open to the free and unbiassed discussion of all and every subject that can possibly tend to the cure of disease, and the advancement of the interests of the profession at large.

All of the departments of science are made to contribute to this most desirable end, and such is the spirit that should animate all journals devoted to the dissemination of the facts and discoveries of science without reference to the support of any particular dogma or intolerant prejudice. This last may justly be called one of the most common of the "opprobria medicorum," and is a most serious hindrance to the enlargement and more mature development of many of the departments of the healing art. We see it and hear it in the acrimonious controversies that so frequently disturb the harmony of societies met for the ostensible purpose of mutual improvement and the imparting of useful knowledge. In debate, that should always be characterized by amenity of manner and courtesy of speech, how often do we witness the humiliating sight of its being used as an opportunity for indulging a private grievance or venting a professional jealousy!

Not only so, but the dignity of what should always be held up before the world as an honorable profession is often marred by the want of personal dignity and self-respect shown by many of its members and representatives, until it becomes indeed a "sad spectacle for gods and men," and needs the mantle of charity to conceal its deformities from the public eye.

It has not been long since you, Mr. Senior Editor, were made the object of special vituperation and abuse, whose selfish misrepresentation was only exceeded by its malignity, but thanks to a disriminating judgment that would not listen to partisan and personal hostility, nor permit itself to be influenced or turned from the enactment of a just and righteous administration of its power, your traducers were confounded and put to shame, and now occupy the humiliating position of seeking vindication from a public opinion whose sense of right and fair dealing they have rashly and recklessly defied. Let us not echo the kindly and Christian sentiment applied to yourself, Mr. Senior Editor, in some of the public journals of this city, and which we quote: "Homœopathy will live and flourish long after the worms have devoured our friend, Dr. Guernsey," but rather turn from all such humiliating exhibitions of professional spite and jealousy—only to be expected in callow youth, yet in pin-feathers, of whom it might be said in the language of the old Latin bard, "Quos Dii amant, juvenes pereunt"—"Whom the gods love die young," and perhaps the profession might be well served, should the gods manifest their divine love by a still more generous infantile mortality. But now, Messrs. Editors, to more important and interesting subject matter for thought and unprejudiced consideration. "A new remedy" is the caption of this article, and, in laying it before the profession and the public, we desire to preface its presentation with a reply, in as few words as possible, to the rejoinder of Dr. Stewart to our article in answer to his in your January number. He desires to view the matter under consideration as a political question, therein embracing the rights of the pharmaceutical profession in the first place, and the invasion of those rights by, second, the patent medicine trade, and, third, the proprietary medicine trade. Of the pharmaceutical profession he says: "This profession, which is represented by a comparatively few truly professional men, considers it unethical to create monopolies in medicine." Again, "Professional pharmacutists publish the results of their

discoveries for the benefit of science, of the profession, and of the cause of suffering humanity." With all due respect we submit, that the term "unethical" is rather inconsistent with the benefit of science and of the profession, and also the cause of suffering humanity. Those two terms, ethical and unethical, have done more, in our humble judgment, to retard the advance of medical science, to keep alive a spirit of hostility and professional bitterness among members of the profession, and also to stimulate the growth of sects in medicine, than all that the vocabulary of the language put together can yield.

To say that "the pharmaceutical profession, represented by a comparatively few professional men," protests against the introduction of a discovery—not their own—as "unethical," and seeks to neutralize its utility, and to stigmatize it as "a monopoly" when it is no monopoly at all, but the legitimate property of the discoverer, to which he is justly entitled, and in which the common law of the land protects him, and guarantees to him the enjoyment of the fruit of his energy and intelligence, we say to thus interfere would be to circumscribe and limit the field of discovery to so narrow a compass as to amount almost to a practical obliteration of the domain in which man may exercise the impulsive promptings of his inventive genius, by and through which the industries of the world at large are so constantly being amplified and increased and made to serve his comfort and well-being.

Again, writes your correspondent, "While they—the professional pharmacists—may put their discoveries on the market for sale, and endeavor to make a living by trading in them, the manufacture and sale of their products is free to all competitors." Is he to be understood as meaning that the professional pharmacists always give the formulas of their discoveries or preparations to the world gratuitously, and never derive anything from the sale of them, except "the endeavor to make a living by trading in them." The expression itself, "a living by trading in them," and this often under the cloak of secrecy, as your correspondent ought well to know, is as much a "monopoly" as the same practice which the professional pharmacist finds so "unethical" and so reprehensible in others, and though "the sale of their products is free to all competitors," yet the secret of them, except what may be gleaned by analysis, and thus made the vehicle for spurious and often hurtful imitation, remains with the professional pharmacist, or is shared, again and again, by another or others who may cooperate with him for mutual emolument and gain. We have known of physicians entering into commercial relations of this kind, and who, no doubt, to this hour enjoy a share in the results of such relations. Again, "Articles they—the professional pharmacists—may write concerning these products, deal in facts only, and are received in literature as part of the science of medicine because written 'pro bono publico,' while writings about patent medicines are refused by the medical journals, and are regarded, not in the light of scientific literature, but as advertising material." Why are they refused, we ask? Is it because it would be "unethical" to receive them? Is it not conceived to be the duty of the physician editor to support the professional pharmacist, as it is that of the latter to support the former, yet all the same they, the editors, do not hesitate to publish, and receive compensation for the publication of, patent or proprietary medicines, coming from what source they may. This is what is called, in vulgar parlance, "paying through the nose."

As regards the articles written by the pharmacists being "pro bono publico," granted that that is so, but if the whole truth concerning them could be told, enough is kept back to make them as often pro bono proprio, so that that form of "monopoly" is worked for all its worth, and the professional pharmacist occupies, to all intents and purposes, the same plane commercially as the patent medicine or the proprietary medicine man. We quite agree with your

correspondent that in many instances "the proprietary medicine manufacturers, though often ignorant alike of disease or its treatment, and totally unacquainted with pharmacy, pose before the public as great physicians, chemists and pharmacists, thus obtaining credit which is not their due." All this is undoubtedly true, but he also declares that "physicians hesitate to report the results of the use of such medicines." Why, because it would be "unethical" to do so, and, as he says, would be "employed as advertising matter in a way to injure their reputations."

Are we to understand that even though the use of the proprietary medicine shall cure his patient, the reputation of the physician must be protected at all hazards, and he be allowed to use the medicine which produces the results that he vainly tried to produce by his ordinary methods, at the same time carefully concealing the source from which the successful treatment has been derived? Is that honest, is that just? Is it not rather both *dishonest* and *unjust*?

There is no doubt that many of the so-called patent and proprietary medicines are utterly worthless, nay, worse than worthless, and positively pernicious to health. But is that an argument of any force or value against the discovery and use of such as prove their utility and curative power in the hands of physicians, and is the cry of monopoly to be raised and urged because the so-called monopolist has succeeded in discovering and making available a meritorious agent for the cure of disease, which all the scientific ingenuity and energy of the professional pharmacist has failed to reach. One word more in answer to your correspondent. He further says: "Now what happens when we endorse the patent and proprietary trades by using sulfonal and other preparations monopolized in this manner without protest. We dignify trades which are injuring physicians and true pharmacists both in reputation and finance. We are making respectable a system of quackery." Again he says: "While I fully recognize the excellence of many of these new chemicals, I contend that the very fact that they are valuable, makes them more dangerous from the point of view under discussion." To which, with all due deference, we reply that we will tell him what happens "when we—the profession—endorse the patent and proprietary trades by using sulfonal and other preparations monopolized in this manner without protest." This is what happens: We—the profession—whose days and nights often follow each other in anxious and despairing effort to rescue the suffering body from the encroachment of disease, whose onward march is gradually releasing the imprisoned spirit from its tenement of clay, are constantly and surreptitiously—pardon the old English word—making use, for our convenience and for the comfort and relief they often give to our patients, of these openly despised, but secretly administered "unethical" remedies. Your correspondent, Messrs. Editors, has not seen, or perhaps has forgotten, the recent passage of arms, by which your enemies were so ingloriously vanquished, and in which encounter they made so sorry a display of duplicity and professional treachery, by charging upon you practices of which they themselves were abundantly proved to have been habitually guilty. And, as though to signalize and emphasize their devious and crooked ways, an opportunity occurred to us to hear one of the most prominent and distinguished among them, upon a recent public occasion, exhort those under his instruction to make use of *any and every agency and expedient* for the relief of disease when the usual methods failed. Does it occur to your correspondent that this counsel might possibly embrace the appropriation of even the openly despised and "unethical" remedies? The inference would seem to be legitimate that such was in the mind of the teacher.

Lastly, we quote from your correspondent: "It will thus be seen that I am right in warning the profession in relation to medical monopolies of the proprietary medicine sort, and while what your correspondent says is all very

true, yet it is only part of the truth, and the whole truth is very desirable in this case, as I have no doubt he will gladly admit." Indeed we do gladly admit that "the whole truth is very desirable in this case;" at the same time we would recall to him the old saying that "the whole truth is not always palatable," and when he shall have read our reply to his last, we think he, perhaps, will agree that such is the fact. It's all very kind, very considerate, and very loyal on his part to "warn" the profession against so-called "monopolies," and to take it, as it were, under his tutelary protection, but the question naturally arises whether the profession will thank him for instituting a movement whose purpose and tendency it is to deprive the physician of his *monopolistic* aids and agencies whereby he often relieves his patients, and can only offer the plea that it is *ethical* in him to do so, and would be highly "unethical" in the doctor not to heed the friendly warning! We look beyond the bugbear "ethical and unethical." We say but the one thing always, and that is: *Come the power to cure disease whence it may, let it be welcome! Humanity overtops professional prejudice and pride. Comfort and mercy to the sick and sore are the best things that man's higher nature can bestow.*

DR. BIDWELL'S REPLY.

Editors of the NEW YORK MEDICAL TIMES:

In your criticism of the article entitled "Curse of Schools," you ask for "a practical plan which will accomplish the desired result," viz: the union of all medical men under the generic name of "Physicians," without other distinctive, sectarian appellations.

I do not know that any plan has been formulated, but the fact remains that the process is undoubtedly taking place at the present time. The influences are numerous, the process necessarily gradual. No single step can be taken that will in a day abolish homœopaths, allopaths, eclectics, etc., and create an harmonious body known only as doctors. But a series of steps can be taken, each one of which will conduce to the desired end. Moreover, it must be born in mind, as has been suggested in the able letter from your correspondent, "E. D. N.," that individual men, and, perhaps, certain societies will differ from others in the estimate placed upon therapeutic doctrines. No two men form exactly identical opinions upon any topic, and my confrere may deem my estimate of the value of certain methods slightly erroneous or absolutely false, yet need he not array himself against me as a being of another sphere. We are both endeavoring to relieve the "ills that flesh is heir to," devoting our highest abilities to this end, and for that reason should be classed under one name and associate together for mutual improvement.

We should emulate John Ericson by seeing things not as they are, but as they should be, and striving to bring about the millenium.

The great trouble with most physicians who are opposed to the union of the schools, is that they have been brought up to one way of thinking. The solution of the problem does not appear difficult if one drops his personality for the time being and contemplates both sides from the standpoint of a third party. Every one should forget that he is an allopath, or a regular, or a homœopath, and if he has the welfare of his profession at heart, the absurdity of these distinctions will at once become apparent.

The American Academy of Medicine, whose object is to elevate the standard of medical education, may be considered a powerful agency in doing away with sectarian names.

Narrow-minded men are always the most bigoted, and by widening their view, it is to be expected that coming generations of physicians will see the folly of adhering to superannuated crotchets, and I will say here that this term applies as well to those who call themselves allopaths and

those who find no good thing in homœopathic doctrines, as to those who practise strictly according to Hahnemann.

Regular physicians must not expect homœopaths to come into their field, but must give up the appellation "regular" when the other objectionable term is dropped.

The ventilation of these questions brought about by the recent difficulty between the Commissioners of Charities and Correction of N. Y. and the Homœopathic Medical Society has awakened a great deal of interest in the profession, and, to my mind, is one of the most potent factors that could be evoked by friends of this movement. The admission of those who practice medicine according to homœopathic doctrines to a few medical societies, has broken down the barriers in many a mind, and similar action throughout the country in all medical societies would soon break the back bone of opposition. If we, who are interested in securing the unity of the medical profession continue to speak, write and act along this line a few years more, public sentiment changing as it now is, signs with "Eclectic," "Homœopathic" and the like will be relegated to the junk shop before the end of the century.

Weak and tottering indeed must a school be when the test of belonging to the school depends solely upon membership in a given society. Tried by the settled definitions of the terms, the leading "Homœopaths" of to-day are "Regular" physicians. Tried by such a test, physicians outside of our larger cities would be few and far between.

Pardon me for writing so fully on this topic, but it has interested me most deeply since first brought to my attention in the medical school. Respectfully yours,

WALTER D. BIDWELL, A. M., M. D.

Leavenworth, Kansas, Feb. 5, 1890.

A PERSONAL EXPERIENCE.

The New York MEDICAL TIMES has labored most assiduously, and, to some extent, successfully, in breaking down sectarianism in the medical profession. But it seems to me that in doing so the arguments advanced have been altogether too much in the interests of pure ethics rather than the more practical issue concerning the profession as a breadwinning life-calling. A question, indeed, far more of respectability than that of the necessity of professional cohesion, and of desirability than actual necessity. It has disregarded phases vitally potent in upholding the cause of separation and the permanency of the existing division.

One phase which has especially helped to uphold the homœopathic side of the separation really more effectually than all its ostentatious display of superiority in curative success, or the much vaunted arguments of the infallibility of its so-called law of cure, has been the custom of self-dispensation of its remedies; in fact, of being at once physician and pharmacist.

Said an Old School practitioner to the writer some three years ago: "The name of your school is losing its trade-value, and would soon be entirely snowed under but for the custom of furnishing your own medicines, inclusive with your fee for professional service. For, not one-tenth of your patrons know really what the difference between us is, nor do they care or even inquire; they only know that it is the cheaper of the two methods of practice to employ. The old notion that your medicines are not as strong as ours has been exploded long ago. They know as well as you and I that there exists no real therapeutic difference, except that of merely a pharmacal character. But that you use many unscientific remedies, or that you base your diagnosis upon exceedingly fanciful theories, such, for instance, as your so-called psora theory, or that other phantasmagoria, the dynamic theory, they do not know, nor could they understand it if they did.

"But just stop giving your own medicines, and you are lost without a possibility of revival. No matter how many pamphlets you may scatter broadcast over the land; no matter how much you fix up your statistics, or that it is the intelligent and wealthy of the community who employ you; without your pill-box under your arm you are lost and swept away for ever. You forget that the American people are a conceited people; they must and will know as much as yourself. They hate our Latin prescriptions, our professional reserve and our ethics. Not only that, but they are also a thrifty, saving people, especially the better class.

"Prescriptions at the drug store are cash, and often cost as much as your own fee amounts to. This is the greater inconvenience."

This and much more were the arguments he advanced, and which I confess staggered me. I pondered over these remarks for several months, and weighed many other points which, in course of that time, suggested themselves to me. I had ere this felt the injustice that Drs. A., B. and C., of the dominant school, with whom I stood shoulder to shoulder on a level, socially and professionally, should be able to control higher fees, minus the gratuitous self-dispensations of their medicines. I decided finally to adopt this new departure of writing prescriptions. Some five or six respectable druggists kept in stock Boericke & Tafel, Halsey Bros., and Delbridge's preparations; thus no hindrance stood in my way of getting genuine goods. I thoroughly instructed them in the principle which I should pursue of writing my formulas, and went to work without deviating from the plan mapped out for myself.

As was to be expected, I created considerable disappointment, and met with prompt protests here and there; still I persisted.

But it did not require the whole three years to show me the results of my experiment. My first experience was that my homœopathic colleagues gave me sour looks, albeit they were the gainers by the experiment. I next found my name dropped from the lists of practitioners of my school, and lastly, but not least, that my best (wealthiest) patrons had left me and were employing often the most notoriously illiterate and incompetent men,—men who never had nor ever could be in the confidence and respect of the profession. I soon found myself almost totally deserted by "high-toned" patronage, and rejoice now only as the sole monarch of the raffraff—the proletariats of society. "Though I say so, that ought not to say so." I was deserving of a better fate. My surgical record was unusually clear of reproach, and my reputation, both among the people and the profession as a diagnostician, flattering in the extreme. Yet I had lost two-fifths of my practice in the very first year, and now at the end of the third year of my experiment I find myself almost ruined. There was a time when it proved a fortunate venture for an Old School physician (some even who had really mistaken their calling) to change to homœopathy, but I could not imitate even this single feature of their example.

I found recently in an old journal the name of Dr. Egbert Guernsey as professor of theory and practice in the homœopathic college of New York; this called up the subject of the hour, the Ward's Island Hospital controversy. I could not but help thinking that he, too, poor man, having created a Frankenstein, is now pursued by the monster which he has helped into existence. But hie on, thou noble hunter, thy quarry is up to the game?

The Encyclopædia of Medicine of the year 2001 will say, vol. H., "Homœopathy:" "A fanciful doctrine of the last century which maintained that disordered actions in the human body were to be cured by inducing other disordered actions of a like kind, and this to be accomplished by infinitesimally small doses of often apparently inert agents, etc., etc." But this illusory fancy of our so recent ancestors was in exact keeping with many notions of a like char-

acter, such as phrenology, spiritualism, mesmerism, Christian science, as well as the absolute nihilism of expectancy in medicine.

LA REACTION.

ED. NOTE.—Our correspondent made a grave mistake when he abandoned the dispensing of his own medicines as a general rule, for the custom is becoming more and more universal. Many physicians now carry emergency cases, who at one time would have declined to do so. Fraser & Co., of this city, provide a case for tablets which the writer has found most convenient for many years, and withal, compact.

We commend our readers to Fraser & Co. as a most reliable house for anything they may require in the line of drugs, etc.

The TIMES advocates the use of single remedies (not polypharmacy), the minimum dose, and the individualization of the drug, as the basis of progress in the art of prescribing.

Regarding the article "*A Serious Menace to the Medical Profession of America*" in the January number, page 203, I think that the patent on sulfonal would be cancelled, if the case was brought before the proper authority. If I am not mistaken, a patent can not be lawfully obtained in United States on any article or invention, which is *public* property in any other country. I am positive that Germany gives no patent on medicines of any kind or surgical instruments, etc. The patent office of the United States does not inquire whether the article to be patented is somewhere else public property or not. They do not trouble themselves on this point; but if some one makes a complaint, the case stands different. Yours truly,

F. G. OEHME.

Roseburg, Oregon, Feb. 18, 1890.

OBITUARY.

Ex-Senator DANIEL B. ST. JOHN, died February 17th at the Berkley, in this city, in the 83d year of his age. Mr. St. John was a member of Congress more than forty years ago, was State Senator for several terms, and during his long and active life held many important offices. The Insane Asylum at Middletown, of which he was an active trustee, had no stronger, more energetic or useful friend than the Senator. His tried integrity and great purity of character gave his voice great weight in the legislative councils at Albany. Thoroughly familiar with the wants of the institution, his counsels contributed much to its prosperity. "None knew him but to love him, none named him but to praise."

HENRY R. PIERSON, Chancellor of the University of the State of New York, died at his home in Albany, after an illness of only a few days, of pneumonia. At the meeting of the Regents, Jan. 30th, an eloquent eulogy was pronounced by the newly elected chancellor, George Wm. Curtis upon his predecessor, whose great ability as an executive officer and as an educator combined with his rare social qualities, had done so much for the cause of education in the State. The remarks of Regent Wm. S. Bostwick who spoke not only from the standpoint of a colleague but of an intimate personal friend, presents so truthful a picture of the late chancellor that we give them in full:

"The death of the late Chancellor Pierson, removes from among us, a man sincerely devoted to the cause of education; active in the business affairs of life; and earnest in efforts to benefit his fellow-men. His face carried an expression that cheered, and his hearty greetings and kind words encouraged and comforted all with whom he came in contact along the pathway of life. His career has been a marked one. His life and record illustrate what may be accomplished by an earnest, high-minded citizen.

"I have heard him relate his experiences as a boy, just graduated from college, starting out on the voyage of life, how he was buffeted and tossed about in a great city, friendless and almost penniless, in search of a place to pursue the profession of law.

"Often he was almost disposed to abandon his purpose; but with stout heart and firm resolve he kept to his course, which eventually landed him into a partnership with the eminent lawyer, who had first received him as a clerk.

"Mr. Pierson filled many offices of public and private trusts, and in all, he discharged the duties with fidelity and integrity.

"As Regent and Chancellor of the University, he devoted many years to the important detail work of the Board.

"His zeal in the cause of higher education was manifest not only in the Board, but at the convocations and in his visitations of colleges and academies.

"In all educational gatherings he was a welcome guest, and many a young man and woman has received fresh inspiration from his helpful and encouraging words. His heart was in his work; his wise counsels and broad views commanded respect and gave him an influence potent and far reaching.

"He was a genial and generous friend. To those who knew him intimately, his death is a personal loss. He rests from his labors, but the good works he wrought, will live after him and bear fruit for coming generations."

TRANSLATIONS, GLEANINGS, ETC.

Harper's Magazine for February gives an exceedingly interesting interview with Edison, in which he said: "I do not believe that matter is inert, acted upon by an outside force. To me it seems that every atom is possessed by a certain amount of primitive intelligence. Look at the thousand ways in which atoms of hydrogen combine with those of other elements, forming the most diverse substances. Do you mean to say that they do this without intelligence? Atoms in harmonious and useful relation assume beautiful or interesting shapes and colors, or give forth a pleasant perfume, as if expressing their satisfaction. In sickness, death, decomposition, or filth, the disagreement of the component atoms immediately makes itself felt by bad odors. Gathered together in certain forms, the atoms constitute animals of the lower orders. Finally they combine in man, who represents the total intelligence of all the atoms."

"But where does this intelligence come from originally?" I asked.

"From some power greater than ourselves."

"Do you believe, then in an intelligent Creator, a personal God?"

"Certainly," said Mr. Edison. "The existence of such a God can, to my mind, almost be proved from chemistry."

Surely it is a circumstance calculated to excite reflection and to cause a good deal of satisfaction that this keen and penetrating mind, so vigorously representing the practical side of American intelligence—the mind of a remarkable exponent of applied science, and of a brilliant and prolific inventor who has spent his life in dealing with the material part of the world—should so confidently arrive at belief in God through a study of those media that often obscure the perception of spiritual things.

The Congo River of To-Day.—From an article under the above title in the *February Century*, by one of Stanley's former officers, we quote the following: "On the Congo there are no beasts of burden, there existing merely a manual transport, the porters being the natives of the Bakongo tribe, inhabiting the cataract regions. In physique these men are slight and only poorly developed; but

the act of their carrying on their head from sixty to one hundred pounds' weight twenty miles a day for sometimes six consecutive days, their only food being each day a little manioc root, an ear or two of maize, or a handful of peanuts, pronounces them at once as men of singularly sound stamina. Small boys of eight and nine years old are frequently met carrying loads of twenty-five pounds' weight."

Electricity as a Therapeutic Agent.—Under this title, in the *Medical News* for March 30, 1889, Dr. M. Allen Starr makes the following statements, some of which are not in perfect accord with the generally accepted opinion:

1. Static electricity offers nothing beyond an interrupted galvanic current, and fails to furnish those effects which are most desirable in the treatment of disease.

2. A constant galvanic current can produce chemical changes which aid nutrition or destroy tissue, according to the strength employed.

3. A constant galvanic current can transfer medicines into the body from without.

4. An interrupted galvanic current, or a faradaic current, can excite various organs to functional activity, thereby aiding their nutrition.

5. It is questionable whether the pathological state causing organic diseases is in any way influenced by electricity.

6. If functional diseases are benefited, it is in an uncertain manner, it being undecided whether it is by influencing the molecular condition, the chemical changes or the electrical state of the organ affected, or by the state of mental expectation induced. The agent is therefore used empirically, and the physiological indications for it are as yet uncertain. As a therapeutic agent its use is very limited, and carefully balanced scientific observations are still needed to establish its proper sphere.

Prof. Starr says that he can not close his paper without stating that, after the constant use of electrical treatment for the past six years, he has been disappointed in the results obtained. His experience coincides with that of Gowers—that the therapeutical effects of electrical applications have been much exaggerated, and are really very limited and quite uncertain.

In striking contrast to the above disparaging opinion are the following statements from a recent editorial in *Daniel's Texas Medical Journal*, under the heading: "Dr. F. T. Paine's Discoveries in Electro-Therapeutics." The writer remarks: "If further experiment and observation shall confirm the correctness of Dr. Paine's deductions; if others find their experience with electricity tally with that of this patient investigator, it will mark a wonderful advance in therapeutics; chloroform in labor will be superseded by an agent less dangerous and more certain." Dr. Paine says (*Trans. Texas State Medical Association, 1889*): "When we commenced the use of electricity [in obstetrics], we were ignorant of the effect to be expected from it: whether it was to act as an oxytocic, an accelerator, or as an anesthetic. However, we applied it the first opportunity we had, and were soon rewarded by finding the painful writhings of the patient much ameliorated, though the contractions were as frequent and as vigorous as previously. The unnecessary painfulness of labor pains had been subdued, the morbid irritability, the hyperesthesia had been removed, while the contractions were regular, and the os dilating regularly. When a stoppage in the current occurred through battery accidents, the suffering returned at each contraction.

"In another case," says Dr. Paine, "I found the uterus very inert, and totally insensible to ergoy; and after waiting twenty-four hours without a single pain, and having sent for my forceps, I produced a battery and applied the current to the widely dilated os, when, to my surprise, and as quick as thought, I found the fetus at the foot of the

bed, clear of the mother, the placenta lying loosely in the vagina. The cord being tied and cut, the mother was put to bed; * * * but the surprise was that not one drop of blood stained the bedding or her garments; whereas, if she had been delivered otherwise than by electricity, post mortem hemorrhage would have complicated the case.

"My experience upon the whole is, that electricity is the safest and most natural anesthetic, and acts without retarding labor in the least, and in many cases hastening it very much."

With regard to electricity in diseases of children, the doctor says:

"One of my patients, three months old, had scarcely ceased crying from its birth long enough to nurse. I applied electricity during a terrible spell of crying, and I hardly touched the epigastrium till it was laughing inordinately for a child. It had only gained two pounds' weight in the three months, but in the next eighteen days it gained three pounds, and now, at six months old, is uncommonly healthy and growing rapidly, and still laughs."

Commenting upon this story, the editor presumes "the doctor does not mean to tell us that this wonderful effect upon the nutrition and assimilation of the child was produced by that one touch upon the epigastrium," but that the electrical treatment was subsequently continued. He thinks also "it would be interesting to know how electricity excites the propensity to laugh."

Dr. Paine further says: "In another paper I have said that all females who menstruate abnormally, are the subjects of anesthesia of the lower half of the person, and also of the mammary glands. These women procreate children as well as healthy women, but do not always have milk; and this anesthesia of the breast simply amounts to partial paralysis of function of the gland, and the milk secretion is imperfect either in quantity or quality; for no secreting organ can perform its function healthily that has not a proper nerve support, or is not properly vitalized. The fountain is imperfect, and the product is imperfect and impure, and hence unfit to nourish the infant dependent on it for sustenance, and the child has to have artificial food or starve. Full half the babies that are raised by hand and always sick, are starvelings in presence of a breast that knows is diseased, because it looks well.

"Instead of prescribing nursery bottles and artificial food and medicine, I now apply electricity to the mother's breast until sensation is restored, and then it never fails to fill up to running over, and the child gets fat and hearty."

We agree with our Texan contemporary in trusting that "the members of the medical profession will test the doctors' methods, and give the results of their observations."

Harmlessness of Saccharin.—The *London Medical Recorder*, April, 1889, says, with reference to the generally current idea that the use of saccharin is injurious, the following report has been published by Dr. Thomas Stevenson, official analyst of the Home Office: 1. Saccharin is quite innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary. 2. Saccharine does not interfere with or impede the digestive processes when taken in any practicable quantity. 3. His personal experience is that saccharin may be taken for an extended period without interfering with the digestive and other bodily functions; hence there is no reason to think that its continued use is in any way harmful.

Typhoid Fever.—Dr. Edson sums up the etiology of typhoid fever in the following words: First, typhoid fever never infects the atmosphere; second, it never originates *de novo*; and third, that the causes of the disorder, in order of their frequency, are as follows: First, infected water; second, infected milk; third, infected ice; fourth, digital infections; fifth, infected meat.

MISCELLANY.

—Dr. Strong, chief of staff of the W. I. Hospital reports 995 patients under treatment during the month of January, with a mortality of 5.23 per cent. This is the largest mortality of any month in the history of the hospital, and was undoubtedly due in a great degree to the peculiar disease influence which prevailed at that time. The mortality for the corresponding month of 1889 was 1.83 per cent.

There will be six vacancies on the house staff on May 1st. Applicants should address Dr. Alfred K. Hills, Secretary, 465 Fifth Ave.

—Dr. Brown-Sequard publishes in a French journal experiments made with his *elixir* on two lepers with striking improvement in nervous and cutaneous symptoms; also a case of impotence cured by the injections.

—A new hospital for both white and black patients is to be erected in Atlanta as a memorial to Mr. H. W. Grady. Over \$45,000 have already been raised. From Mr. Grady's medical belief we presume the Homœopathic School will be fairly represented in the hospital.

—It is said that phenacetin in doses of from a grain to a grain and a half every three or four hours in children under six years old effectually controls whooping cough.

—Still another hypnotic by the name of ural is brought before the public. It is made by mixing urethane and chloral, does not modify blood pressure, and is indicated in the wakefulness of cardiac diseases, mental maladies and hysteria.

—During the year 1889 there were 104,233 deaths in this State. The greatest number of deaths in one month was in July, when 10,806 were reported, against 7,285 in November, the lowest in any month.

—F. E. Stewart, M. D., Ph.G., has been elected Professor of Pharmacy in the new Power's College of Pharmacy, Philadelphia. Prof. Stewart will still retain his position as Demonstrator of Materia Medica and Pharmacy in the Jefferson Medical College.

—Prof. Da Costa says a very delicate test for sugar in the urine is to boil equal parts of urine with liquor potass., to which is added a pinch of sub-nitrate of bismuth. If sugar is present the powder turns brown or black.

Sapolina claims that the deafness of old age is relieved by touching the membrani tympani with a weak solution of phosphorus. He claims that the opacity of the cornea is diminished and the circulation increased.

—Dr. Frank Ferguson, Pathologist to the New York Hospital, has been elected Professor of Pathology in the New York Post-Graduate Medical School and Hospital.

—Two cities that have been almost revolutionized in their sanitary conditions, are Munich and Memphis. In the former, typhoid fever was one of the high factors of the bills of mortality before Pettenkofer instituted his measures of reform, whereas now the fever is so rare that the medical teachers are often at a loss for cases to show to their classes. From being one of the most unhealthful of European cities, Munich has become one of the most salubrious. It is more prosperous, from an influx of strangers who are settling there, and from the increased attendance of students at the university. Memphis is still engaged upon its sanitary reforms, being busy with the introduction of an artesian water supply of admirable quality. Memphis was formerly a notoriously unhealthy town, and suffered greatly from epidemic disease, whereas she has to-day as low a mortality as any city in the country having the same population. In the words of Dr. Conn, the change that has come over the city in less than ten years seems more like the tales of romance than the mere realization of a scientific and economic truth.

—A new substitute for tobacco is being introduced. It is a mixture of British herbs—the particular plants are kept secret—and smokers who have tried the compound declare it to be deliciously fragrant, slightly exhilarating, and withal, soothing to the nerves. Combined with ordinary tobacco, it is said to make a blend as satisfactory as that of chicory with coffee; but such a blend is illegal, and punishable by very heavy fines. At present it is prepared in Scotland, under the name of "herb tobacco," and it has rapidly grown in favor with all classes in the north.

—Iron and steel are now usually distinguished by the use of aqua fortis, which, when applied to a surface of steel, produces a black spot. On iron it has no effect, leaving the metal perfectly clean. By this test the slightest vein of iron in steel can readily be detected.

—According to Dr. Zenger, of Prague, photographs of the sun, taken on achromatic plates, offer a most infallible means to indicate with almost absolute certainty the approaching atmospheric and subterranean disturbances at least twenty-four hours before their setting in. In these photographs zones are often to be seen around the sun's disk—i. e., rings of circular or elliptical form, of white or grayish color—and if these zones appear of very large diameter, and of unusual heaviness, this indicates that violent storms, thunderstorms, or magnetical disturbances will set in at the place of observation. At every ship's station should therefore be established a small photographic laboratory, in which photographs of the sun could be taken as often as possible. A much more reliable prediction of the weather would be afforded by this means than by the aid of the barometer now generally in use for this purpose and precautions could therefore be taken in good time.

—A child has been born in China with four eyes.

—In the Florida everglades, a man had his leg crushed by the fall of a tree. As there was no physician within reach he let nature take its course, and the leg rotted off at the knee, the man recovering without any symptoms of gangrene.

—A woman at Reims, France, recently gave birth to a child bearing on its breast a beautiful wine-red image of the Eiffel Tower.

—Deaf-mutes are never sea-sick.

—An antiseptic ointment, certain in power and not unpleasant in odor, is often desired, not only by the obstetrician, but also by the gynecologist. Dr. Th. Parvin says that benzoated lard, to which a four per cent. of creolin is added, will meet these indications satisfactorily.

—About 400,000,000 people use opium, while 750,000 are confirmed opium eaters; and of these, 95,000 live in the United States.

—The *Bulletin Medical* says 850 persons have been treated at Pasteur's Institute without a single death.

—Fruits, to do their best work as correctives for disordered digestion, should be eaten at the beginning of a meal, and not after oily food—meats, vegetables, or high seasoning—when they become more of a curse than a blessing.

—Spencer, Ind., owns a well whose waters the *Times and Register* says magically promote hirsute growth, whether it be of the incipient moustache, or on the shining crown divested of its natural glory.

—Dr. Formad says: "It is remarkable how infrequent Bright's disease is in drunkards. I found that inflammatory kidney lesions generally occurred more frequently in the temperate than in the intemperate. It is the constant excess of venous blood in alcoholic cyanosis of the kidneys that makes inflammatory changes less frequent, as it does in the right chambers of the heart."

s.
is
pt
re
d
y
at
d
d
as

ne
of
v-
st

ne
le
ne
at
se
's
or
re
at
es
's
o-
ld
e-
un
is
od

oy
ch
ne
n-

a
he

n-
ri-
ys
is

re
he

ed

is-
a
gh
a

nd
er
wn

nt
a-
in
nt
ys
es